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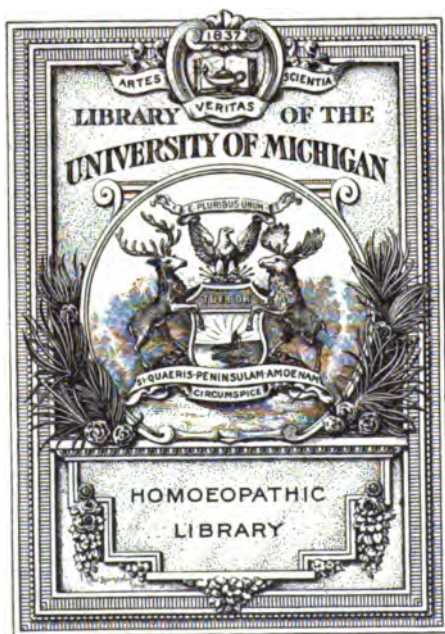
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

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FRANK WEBSTER, M. D.
President

Proceedings
OF THE
Fiftieth Annual Session
OF THE
Homeopathic Medical Society
OF THE
State of Ohio

**Held at Hotel Southern, Columbus,
May 11th and 12th, 1914**

Minutes of Special Session

**Held at Columbus Hotel, Columbus,
June 18th, 1914**

Edited by
R. O. KEISER, Secretary
J. G. KEISER, Asst. Secretary

COLUMBUS
THE PUBLISHING COMMITTEE
1914

**MINUTES OF SPECIAL MEETING
HOMEOPATHIC MEDICAL SOCIETY OF OHIO.**

At 1 P. M. Thursday, June 18th, 1914, the meeting was called to order by the President, Dr. R. O. Keiser, who made the preliminary announcement of the purposes of the meeting.

Dr. Baxter read the minutes of the meetings of the Trustees of Cleveland-Pulte Medical College.

President Keiser: I will now call upon the Secretary to read the minutes of a preliminary committee meeting held at Toledo June 5th, 1914.

Secretary: At the special committee meeting held at Boody House, Toledo, June 5th, 1914, were present Drs. W. A. Dewey, C. E. Sawyer and H. H. Baxter, representing the Council of Medical Education of the American Institute of Homeopathy; R. O. Keiser, President of the Homeopathic Medical Society of Ohio; H. E. Beebe, representing its Legislative Committee, and W. B. Hinsdale, Dean of the Homeopathic Medical College of Michigan.

Dr. H. H. Baxter was elected Chairman and Dr. R. O. Keiser, Secretary of the meeting.

After remarks by the various members of the committee the following resolutions were adopted:

1. Moved by Dr. Beebe, seconded by Dr. Hinsdale.

Resolved, That the matter of the organization of the Homeopathic Medical College of Ohio State University be placed in the hands of the Council of Medical Education of the American Institute of Homeopathy with the co-operation of the President of the Homeopathic Medical Society of Ohio.

Resolution carried.

2. Moved by Dr. Sawyer, seconded by Dr. Beebe.

Resolved, That Dr. W. B. Hinsdale of Ann Arbor, Mich., be appointed the personal representative of the Council of Medical Education in the matter of the organization of the Homeopathic Medical College of Ohio State

University. It is hereby understood that the expenses of Dr. W. B. Hinsdale are to be paid out of the University Fund, to be created.

Resolution carried.

3. Moved by Dr. Sawyer, seconded by Dr. Dewey.

Resolved, That the Council of Medical Education turn over to the Treasurer of the Homeopathic Medical Society of Ohio \$500 which in conjunction with \$500 to be furnished by the Homeopathic Medical Society of Ohio be known as the University Fund; this fund shall be subject to vouchers endorsed by the President of the Homeopathic Medical Society of Ohio for the purpose of organizing the Homeopathic Medical College of Ohio State University.

Resolution carried.

It was moved by Dr. Dewey, seconded by Dr. Beebe: That Dr. C. E. Sawyer be empowered to go to Cincinnati to investigate the status of funds in same city, same investigation being made for the Council of Medical Education of the American Institute of Homeopathy in the matter of the organization of the Homeopathic Medical College of Ohio State University.

Motion carried.

It was moved by Dr. Sawyer, seconded by Dr. Baxter: That Dr. W. B. Hinsdale be instructed to attend the Commencement exercises of Cleveland-Pulte Medical College and take such steps as deemed necessary to hold the student body together.

Motion carried.

Meeting adjourned.

President Keiser: I will call upon Dr. Hinsdale to report the results of the conferences with President Thompson and the Board of Trustees of Ohio State University.

Dr. Hinsdale: I suppose you are wondering why I am here, but the explanation has been given you. I am a non-resident of the state, though a native of Ohio. I am a graduate of the Cleveland College, the perpetuity of

which in some form or another I am intensely interested. I understand the reason why I was called into this question is this: I do not pretend to be a specialist in any separate line of medicine, but owing to excellent fortune or misfortune I have been associated with an institution somewhat similar to what you are proposing, and I rather apprehend that I am called as a consultant. Having been called in consultation I wish to deliver my opinion.

Considerable has been said by one person and another as to just what you are going to talk about at this meeting. Someone asked me what I would suggest. I said this must be a meeting for charging the apparatus and developing enthusiasm. No one will deny that for the last ten years the homeopathic branch of the medical profession has been somewhat lethargic. This condition is sometimes referred to as inactivity, or even stagnation. The time has come for a reaction, a revival, and I think I can indicate why.

Owing to different activities started among the people referred to as the old school doctors, there has been intense energy along what we call scientific lines, and in some localities I have seen men in our profession stand beside the road with their hands in their pockets and watch the train go by. Some are standing there yet. One of the things leading to this condition is the influence of the State Board of Medical Education and Registration. Time and again I have received letters from doctors located in Indiana, Missouri and elsewhere, asking what they must do to come to Michigan to practice medicine. This question has disturbed the mind of almost every practitioner of medicine. Take for example: If you should lose your health and wish to go to California or elsewhere, nine out of every ten would be denied the privilege to practice. This has had a tendency to produce a condition of unrest and dissatisfaction, and men have said, "If that is what it is coming to, I will practice my period of existence out, and that will be the end." On the other hand there has been a marked falling off of students in colleges, so much so

that many have gone out of existence. Students cannot leave the district school, or even the high school, without having certain qualifications, and the result has been that today there are six thousand fewer medical students in the United States than twelve years ago. This has affected the institutions most decidedly, and it has had a tendency to cause preceptors and advisers of students to say: "Do something else." This state of affairs has wonderfully depressed us, but we are becoming somewhat adjusted to the situation. Students are beginning to understand, and are already commencing to prepare themselves. There is going to be an increase in the number of students, owing to this adjustment and awakening.

Now is the auspicious occasion for the establishment here in connection with the Ohio State University of the best Homeopathic College in the world. I say that, gentlemen, with the full appreciation that I am now connected with the best Homeopathic College in the world. I could not be loyal to that institution without this claim. There are twelve or fifteen hundred live homeopaths in the State of Ohio, and geographically you are situated in an ideal spot to build up an institution, with the alumni of the Cleveland-Pulte College scattered all over the country, ready to come to the rescue and resuscitation of the institution.

One reason why colleges are constructed and organized along modern lines is this: the tendency nowadays is to do all sorts of work, get all kinds of professional training in colleges. Whether right or wrong we will not discuss it, but it is true. A young man wanting to be a lawyer, goes to the university department of law, not to the old fashioned law school, and that applies to all professional activities.

Now is the time for you to become an integral part of this university. Someone asked about the advisability of calling it the Homeopathic College. Most emphatically call it the Homeopathic College of the Ohio State University. Why call it a college? The Association of Ameri-

can Universities has a code, and according to that code the largest units in the universities are called either schools or colleges, and it would be contrary to the code to call it a Homeopathic Department. A department is a part of a college or school. In the Homeopathic College there will be a surgical department, a materia medica department, etc.

Since I have been in and around your city I have had no less than three conferences with the President of the University, and he says, "We are going to establish this College of the University, and the administration is going to give it an absolutely fair and square deal, just as it does any of the other parts of the University." He says further, that the success or failure depends absolutely upon the homeopathic profession of the State of Ohio. There, gentlemen, you have the last analysis. There is no question about its being a success provided you do your part, and the other members of the profession do theirs.

What is your part? In the first place, to send students and send them with enthusiasm. Undoubtedly the college in its new organization will be weak in many particulars, but there is a possibility of its growing into vigorous strength. One of its weaknesses will probably be inadequate hospital facilities, but the President says that he proposes to establish a hospital. At first it will perhaps be nothing but a rented house, but you will have a place in which to handle patients, and the title the "Ohio State University Hospital" will be over the door. This is a magnificent title, and will give dignity and standing to the hospital. There will be connected with the University another medical school. I do not know what they will call their hospital, but if you get the title over your door you pre-empt it, which practically amounts to a copyrighting of that title. We are at a disadvantage in Michigan. The old school goes as the University Hospital, while ours is the Homeopathic Hospital.

The question may come up, how to maintain the hospital? As inefficient as it may be in some respects, and

far from being ideal as it may be in other respects, I think the hospital system of the State of Michigan is very good. The hospitals there are state institutions, and patients come from all over the state. You must not only send your students to this institution, but as the hospital facilities develop it will be your duty, gentlemen, to send your patients. It won't cost you anything, and every man now and then has a patient who has no particular means. He may have enough to pay a hospital fee, but nothing for an operation. Bring your patients here, and you will soon find that there will be a demand for a larger hospital. That has been the experience in Ann Arbor, and Ann Arbor is a small town. This will not be a local institution. It will not be a Columbus institution, only so far as Columbus is a part of this big state. It is a hospital for the state. If you can once adjust your thought and activity to that idea, there is no question about building a hospital that in five years many of you will be glad to come to for a post-graduate course on account of the facilities furnished.

It is clear, then, that the burden rests not only on the State Society, but on every homeopath in the state, and all the friends of homeopathy.

The question came up a year or two ago in Michigan: What is the nominal strength of homeopathy in the state? Last year a canvass was made. We sent out about seven hundred letters of inquiry to the different doctors, and as a result we have compiled some statistics that have been published. The result is not a matter of conjecture, or guess work, or hearsay, but an exact statistical report. A conservative estimate goes to show that in the State of Michigan over 33 1-3 per cent of the people employ homeopathic doctors, and about half of the people in the state have no serious objections to employing homeopaths. I know that Ohio is a good deal stronger homeopathically than the State of Michigan. If you were to make a canvass like that in this state you would be surprised at the figures.

If any one would like to ask any questions I would be glad to answer from my standpoint, as I am here in an advisory capacity. But do, for goodness sake, if not already connected, connect a wire with every man in this room, and charge him with the idea that now is the auspicious occasion, and there has never been a better field opened in prospect than is going to be here in regard to homeopathy. In the conferences which I have attended with the President and the Board of Trustees, they have spoken most favorably, and the majority enthusiastically, about this opportunity of annexing you.

President Keiser: We ask at this meeting the endorsement of the action taken at Toledo. At that meeting it was decided that the Council of Medical Education was to have practically the organization of this College. The idea was that in that way we would have the backing of the entire homeopathic medical profession of the United States. The Council of Medical Education will donate \$500, and they expect this Society to donate \$500, the entire amount to be used to assist in the organization of the Homeopathic Medical College of Ohio State University.

Dr. Lincoln Phillips moved that the Society endorse the action of the committee. This was seconded by Dr. Staples, and unanimously carried.

President Keiser: I will call upon Dr. Sawyer to speak in regard to the financial side of the question.

Dr. Sawyer: Mr. President, Members of the Ohio State Homeopathic Society—I have been a member of this body for many years, and I have been looking forward to this particular occasion with great interest. I have wondered whether or not my fellow practitioners in the state were really awake to the exigencies and possibilities of the hour. We have arrived at the psychological moment in the college matters of our state and I am happy, indeed, to see so many of you present at this time. In a few words allow me to tell you what we have before us. Let me state

first what we have to do with and then tell you of the things we have to do, and how necessary it is that we do it now. In the first place, we have, as Dr. Hinsdale has expressed it, the greatest opportunity ever presented to the Homeopathic Fraternity. We have presented to us greater privileges than we ever contemplated or anticipated. We presumed, of course, in considering this matter that it would be necessary for us to put up a specific amount of cash and to do a number of other things of that kind. We presumed we were going to be confined within certain limitations and restrictions. In fact, at the first meeting held by a number of the doctors of the state we thought perhaps we were asking for a great deal more than we would get. It has finally resolved itself into this: we are going to get more than we ever thought of asking for in the preliminary steps taken to bring about a Homeopathic Medical College in the Ohio State University. We have the assurance, and so far as we have been able to discover, the unanimous assurance of the Board of Trustees and the President of the University that they will establish here the best College that can be made. The President has said to us that we can have everything in the way of material and instructors they have or can acquire. He feels, as we do, that the reputation of the Ohio State University is on trial, and the only hesitancy that has ever been experienced in the matter at all has been in regard to whether or not it could be made a go; whether or not we were enthusiastic enough, had spirit enough, determination enough as a fraternity to maintain a College. He has been convinced by the evidence produced that we are live, energetic, active, wide-awake, up-to-the-minute doctors. He is conscientious in his desire as are the entire Board of Trustees. They are full of the idea that one of the important things is to provide well for the students that will come from a body such as this. The Horticultural department of the University is moving into its new quarters, and we are to have our headquarters in the Law building, with prominent offices, good teaching rooms, a competent stenographer, and the promise of suffi-

cient financial support to give us an experienced Homeopathic Dean. Dr. Thompson has also said that if necessary they would take all the lower class teaching out of any relationship with the old school that would disturb our students in any way. This, however, we have thought unnecessary. They have also said: "We are ready to secure for you a hospital. We do not care to have your students exposed to any dangers that may come from contact with fellows not in accord with homeopathic principles." It is impossible, of course, to produce a hospital at once, but it will be their earnest effort, desire and ambition to secure one at the earliest possible moment. Dr. Thompson has indicated the character of the men to do the underteaching, and he has tendered in every way everything that could possibly be asked as necessary. He has given us the greatest opportunity we have ever had.

Up to the present we have gone so far as to all but definitely determine upon the curriculum, course of study, and much of the detailed working out of the plan. We have fixed everything quite as definitely as might be expected at this time to start the machine in active operation at a very early date.

We have always felt that the important thing was to have the proper man at the helm, and I am going to say to you that we believe we have the proper man at our command. We took it upon ourselves to ask Dr. Hinsdale to come over to consult with us, and the impression which he has made, and the influence which he has had in the carrying out of this project, cannot be expressed in words. We owe Dr. Hinsdale a debt of gratitude for what he has done up to the present, now let me say what I think we should ask him to do for the future.

Dr. Hinsdale should take charge of this college matter. If you agree to that stand up. Dr. Hinsdale has finally worked out a plan by which it seems possible that we can count upon him for the position of acting Dean of this new College. Now fellows, let me impress one thing upon you. Always speak of this as the Homeopathic College. We do

not care to be a part of anything. We want to be the whole thing. Read, carefully, please, the resolution passed by the University Trustees. They say definitely that it is to be a Homeopathic College.

Getting back to the subject, I think we have it within the possibilities of this hour to bring about the active management of this proposition. We have at least this. We have the assurance from Dr. Hinsdale that he will give us a part of the time of his present vacation to carry on the organization of this College. I am hoping that when the time comes for the final arrangement of things, when the last question is put to him as to whether or not he will accept the permanent deanship, he will say "yes."

But listen. We are asking Dr. Hinsdale in coming over to Ohio to take charge of this institution, first that he develop here an institution in a way in opposition to the one in which he has spent the best part of his life. We are asking him to break up associations and affiliations in Ann Arbor, and in Michigan, that are very dear to him. We are asking that he bring his family to the State of Ohio, which breaks up his family social relations. Now, fellows, it would be unjust in us if we were to leave any possible loophole that would ever bring into question the possibility of maintenance and continuation of this Homeopathic College in connection with the Ohio State University. Therefore, it devolves upon us as a Fraternity, having asked Dr. Hinsdale to come here, to fortify him, and surround him with everything necessary to perpetuate this institution. Dr. Hinsdale could not consistently, and we could not as his best friends, ask him to cut loose from everything in Michigan and come over here, unless we give him material help.

Our College is going to be opposed, and it is going to be active organized opposition, with money behind it, but we are not sorry that this is true, because if we were to go on smoothly without any competition or opposition, it would not be worth while. We are going into the fight for the advancement of homeopathy and homeopathic prin-

ciples, never turning aside for one single minute to throw mud at the other side. We must blow our own horn, and talk of what we have been, and what we are going to be. So far as opposition comes from the old school we must simply "saw wood." It is the purpose of the Council of Medical Education to endeavor to bring about as generous a feeling as possible so far as social relations are concerned, but to draw the line as aggressively as possible, that we are here as homeopaths and nothing but things that provide for homeopathy will answer.

We must remember that Dr. McCann of Dayton has had wonderful influence in bringing about this result, and that when the time comes Dr. McCann's opinion should be considered in making appointments. We should not forget Dr. McCann's brother, Judge McCann. In him we have had a man who has stood by us in all sorts of opposition, and it has been no boy's play to bring this College about. One thing more, we have been particularly fortunate in that James Cox is Governor of Ohio. James Cox is a personal friend of Dr. McCann. All things of this kind have operated to bring us up to the particular privilege of a Homeopathic College of the Ohio State University.

The one important thing in all lines of business to make it go is money. The Board of Trustees of Ohio State University have said that they are willing to turn over all available money at their command at this particular moment; set aside for emergency teaching. If this is not generous, I do not know how to express it. We need at this particular time \$150,000. We need it for the purpose of establishing on the University campus a hospital. At present it is not going to be possible to have a hospital except as we rent a building, or use an old dormitory they have on the grounds. Regarding the matter of present expense it is going to be necessary to have some actual cash to carry the College on for a year. According to a careful estimate by Dr. Hinsdale and President Thompson, it will require about \$20,000 for the first year.

One of the questions that has always concerned us has

been: Are the different members of the Fraternity in different sections of the state favorable or agreeable to the carrying out of a College plan at Columbus? We wanted to know how Cincinnati and Cleveland felt toward the matter. Going to Cleveland we found there an equity in the Cleveland-Pulte property amounting to about \$25,000.00. These gentlemen without equivocation said: "Fellows, this money shall go to you to promote the Homeopathic College as a part of the Ohio State University." We learned that the Cincinnati fellows had some money, which came into their possession from the sale of Pulte College, about \$15,000 to \$18,000 in cash. Without a thought expressed in opposition they said: "This money is yours."

Now fellows, we have on hand not only enthusiasm and spirit, but we have some money, and now we are going to ask for more money to carry the project on for a few months, at least until the next Legislature meets and acts.

Dr. Hinsdale asked the question, "How should we give our money and what use should it be put to?"

Dr. Thompson said: "Give this money with the understanding that it is to be used for the specific purposes of building a hospital, and hold that money until sufficient additional cash has been obtained from the state to carry your ideas into practical execution." We are going to have in the neighborhood of \$40,000, which will come from Cleveland and Cincinnati, which we will turn over to Dr. Thompson, and ask him that out of the state fund there be appropriated by the next Legislature enough to make \$150,000 for the purpose of building a Homeopathic Hospital on the campus. We should have a hospital to accommodate 100 patients to start with. It must be modern, up-to-date, and thoroughly equipped in every particular.

We have said to you that it is going to take \$20,000 at the lowest possible estimate to carry the College work along for the first year. We anticipate that out of the students Cleveland will turn over to us, we will have an earning capacity of \$5000. We have been assured by

President Thompson that this will go immediately toward the maintenance of this particular Homeopathic College. The Board of Trustees of the University will allow us \$4000 from their emergency fund. The Ohio State Society will give \$500; the Council of Medical Education will give \$500. This will make \$10,000. Now we are going to ask you to help raise \$10,000 today.

The old school fellows have given \$15,000 in cash, and have turned over to the University Trustees a pledge that those who teach will not bring them any expense. We are not so fortunate, but this is a small thing when compared with what other states around us are doing. Recently men in charge of the American Institute have accomplished the organization of a Homeopathic University in Kansas City, with a million dollars endowment. Is it going to be possible to raise \$10,000 in Ohio? If not, we might just as well close this proposition up now. The question is before us. We await your answer in the subscription you make today, upon what you do depends the success of this grand and glorious project.

President Keiser: I will appoint Dr. Sawyer to see what money can be raised at this time.

Dr. J. C. Wood: Among the liabilities of the Cleveland- Pulte College, is a debt of \$300 for money loaned by myself a comparatively short time ago, for running expenses. I want to say that I will reduce the liabilities of the College \$300, and add an additional \$200, making it \$500.

Dr. W. B. Carpenter: I would like to make a statement in behalf of the Columbus Homeopathic Hospital Association. We have in a fund which was provided some years ago for the establishment and maintenance of a hospital in the city of Columbus, an amount which the members are in favor of turning over for this object.

According to the terms of the will, this money will have to be applied directly toward such part of the work as the maintenance of the hospital, and will have to be in the

hospital fund. There remains about \$1000, and the members of the Columbus Homeopathic Hospital Association would like to have you understand that it will be turned over as soon as we can get together and have a legal meeting.

Subscriptions of one hundred dollars were then called for, then fifty, then twenty-five.

It was moved by Dr. Studebaker, seconded by Dr. Hetherington, that a special class of subscriptions be made, with the option of four months or less to pay same. Motion carried.

It was moved by Dr. Blackburn, seconded by Dr. Harding, that a committee of five be appointed by the President, the members of the committee to be notified by mail of the territory to be covered by them, in the soliciting of funds for the College; the committee of five to appoint sub-committees to assist them. Motion carried.

President Keiser: I will appoint on this committee, Drs. C. E. Sawyer, W. J. Blackburn, H. F. Staples, Lincoln Phillips, and W. B. Carpenter.

Dr. Staples announced that the amount raised at the meeting was \$3285.

Dr. J. C. Wood: By your permission, Mr. President, and members of the Society, I want to recite to you very briefly the obligation that this Society owes in this matter, especially to three or four men, men who have worked night and day almost to consummate this end. These men are Dr. C. E. Sawyer of Marion, Dr. T. A. McCann of Dayton, Dr. W. B. Hinsdale of Ann Arbor, and Dr. R. O. Keiser of Columbus. I move you, Mr. Secretary, that we extend to these gentlemen a rising vote of thanks.

Seconded by Dr. Studebaker.

Motion carried unanimously.

There being no further business the meeting adjourned.

REGISTER OF ATTENDANCE.

Arndt, Dr. G. D.	Mt. Vernon
Baldwin, Dr. Wm. M.	Newark
Barbee, Dr. B. I.	Columbus
Barnhill, Dr. T. G.	Findlay
Baxter, Dr. H. H.	Cleveland
Beebe, Dr. H. E.	Sidney
Blackburn, Dr. W. J.	Dayton
Bowman, Dr. I. N.	Upper Sandusky
Brewster, Dr. C. B.	Delaware
Carpenter, Dr. W. B.	Columbus
Church, Dr. T. T.	Salem
Cooper, Dr. C. N.	Cincinnati
Dickinson, Dr. H. W.	Dayton
Dixon, Dr. W. W.	Akron
Ensey, Dr. W. Webster.	Dayton
Ferree, Dr. J. A.	Dayton
Fletcher, Dr. Sara E.	Columbus
Geiser, Dr. S. R.	Cincinnati
Ginn, Dr. Curtiss	Dayton
Harding, Dr. G. T.	Marion
Herr, Dr. I. J.	Dayton
Hetherington, Dr. C. E.	Piqua
Hinsdale, Dr. W. B.	Ann Arbor, Mich.
House, Dr. R. B.	Springfield
Ireland, Dr. C. L.	Columbus
Jackson, Dr. L. A.	Columbus
Junkermann, Dr. C. F.	Columbus
Keiser, Dr. J. G.	Columbus
Keiser, Dr. R. O.	Columbus
Laughlin, Dr. T. L.	Dayton
McClure, Dr. S. D.	Newark
Mansur, Dr. W. B.	Dayton
Miller, Dr. G. W.	Dayton
Miller, Dr. H. J.	Springfield
Palmer, Dr. H. E.	Dayton
Phillips, Dr. Lincoln	Cincinnati

Rounds, Dr. F. C.	Dayton
Salisbury, Dr. G. S.	Cleveland
Sawyer, Dr. C. E.	Marion
Schulze, Dr. C. A.	Columbus
Silbernagel, Dr. C. E.	Columbus
Staples, Dr. H. F.	Cleveland
Stober, Dr. J. P.	Lexington
Studebaker, Dr. J. E.	Springfield
Sullivan, Dr. Clarke	Dayton
Waite, Dr. H. C.	Columbus
Wells, Dr. H. L.	Cambridge
Wine, Dr. J. M.	Dayton
Wood, Dr. James C.	Cleveland
Woods, Dr. G. W.	Columbus

**To The Members of the Homeopathic
Medical Society of Ohio:**

**We hereby submit to you the minutes
of the Fiftieth Annual Session of your
Society, held at Hotel Southern, Colum-
bus, May 11th and 12th, 1914.**

FRANK WEBSTER, President

R. O. KEISER, Secretary

T. T. CHURCH, Treasurer

July 20, 1914

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Materia Medica.

J. E. Rowland, M. D. **South Euclid**

Surgery, Gynecology and Obstetrics.

B. W. Dawley, M. D. **Toledo**

Clinical Medicine and Pediatrics.

W. Webster Ensey, M. D. **Dayton**

Sanitary Science.

J. D. Varney, M. D. **Greenfield**

Special Branches.

C. E. Silbernagel, M. D. **Columbus**

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W. A. Humphrey, M. D.	Toledo
Northwestern Homeopathic Medical Society.	
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Summit County Medical Society.	
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Homeopathic Medical Society of Eastern Ohio.	
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Columbus Homeopathic Medical Society.	
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Ohio Valley Homeopathic Medical Society.	
Stanton E. Deeley, M. D.	Mt. Vernon
Southeastern Homeopathic Medical Society.	
J. M. Wine, M. D.	Dayton
Dayton Homeopathic Medical Society.	
F. C. Rounds, M. D.	Dayton
Miami Valley Homeopathic Medical Society.	
C. A. Pauley, M. D.	Cincinnati
Cincinnati Homeopathic Lyceum.	
C. L. Moore, M. D.	Cleveland
Cleveland Homeopathic Medical Society.	
W. Curtis Cross, M. D.	Ashtabula
Ashtabula County Society of Homeopaths.	

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D. L. Mohn, M. D.	Ashland
F. W. Somers, M. D.	Cleveland
C. E. Hetherington, M. D.	Piqua

Committee on Education.

H. H. Baxter, M. D., Chairman.....	Cleveland
C. E. Walton, M. D.	Cincinnati
W. B. Carpenter, M. D.	Columbus

Committee on Legislation.

Lester E. Siemon, M. D.—One year.....	Cleveland
W. B. Carpenter, M. D.—One year.....	Columbus
T. A. McCann, M. D.—Two years.....	Dayton
Lincoln Phillips, M. D.—Two years.....	Cincinnati
H. F. Staples, M. D.—Three years.....	Cleveland
H. E. Beebe, M. D.—Three years.....	Sidney

Committee on Publicity.

The President.

Inter-State Committee.

Lincoln Phillips, M. D.—One year.....	Cincinnati
C. A. Schulze, M. D.—Three years.....	Columbus

Alternates.

J. W. Overpeck, M. D.—One year.....	Hamilton
L. K. Maxwell, M. D.—Three years.....	Toledo

Delegates to the American Institute.

Geo. S. Hodson, M. D.	Washington Court House
Lester E. Siemon, M. D.	Cleveland

PROCEEDINGS
... OF THE ...
FIFTIETH ANNUAL SESSION
Homeopathic Medical Society
of Ohio

At 10:30 o'clock A. M., Monday, May 11, 1914, the Fiftieth annual session of the Homeopathic Medical Society of the State of Ohio was called to order by the President, Dr. Frank Webster, who said: "I now declare the Fiftieth annual session of the Homeopathic Medical Society open, and ready for the transaction of business."

"Dr. Carpenter will deliver the address of welcome."

ADDRESS OF WELCOME.

Members and Friends of the Homeopathic Medical Society of Ohio: I ask you to pause just a moment at the beginning of this half century celebration, that the profession of Columbus may bid you welcome. In most every announcement concerning this meeting, your Secretary and other officers have asked you to attend this session because you will receive great good. I can take no issue with that statement, because I am sure it is so. I want also to assure you that you confer a great favor upon the profession, and the city in which you meet, and the local profession feel honored that they have the privilege of entertaining the Society during its Jubilee session. This is a notable meeting. Some of the officers are already quietly sending around the statement that the program that has been prepared is one of the best ever presented to this Society. I am not prepared to

take issue with that. In fact I am rather inclined to think that it is so, but in addition to that there is something greater, or at least in a sense greater. We have the halo of history, and of successful history, around this Jubilee anniversary. We will hear of this Society's beginning. We will also hear what the Society has been able to accomplish, and what it must accomplish in the future by reason of the fact that it has been so successful in the past. I have no further word, except that of welcome. The city of Columbus bids you welcome, the doors are open, and the keys all thrown away. The profession welcomes you, and personally I greet you cordially and extend a hearty handshake to all.

President Webster: On behalf of the visiting members of the Homeopathic State Society, I will ask Dr. Siemon to respond:

RESPONSE FOR THE SOCIETY TO THE ADDRESS OF WELCOME.

The invitation, Mr. President, was entirely unexpected. It hardly seems to me I am equal to the occasion in view of the fact that this is the golden anniversary of our formation. The Society having been organized some years before I was born, I should naturally be more or less modest about anything I have to say concerning it, especially in view of the fact that there are so many Nestors of the profession here that might better tell something in response to the address of welcome. Dr. Carpenter has said that the doors of the city of Columbus were wide open, and the keys thrown away. I hardly think that a suggestion of that sort would coincide entirely with some of the papers I know will be rendered in the Bureau of Moral Prophylaxis and Sanitary Science. It is well when he says we are welcome. Every Society meeting that has been held in the city of Columbus since I became a member has always been a source of great satisfaction and a good deal of happiness to

me personally. I think it was fitting, indeed, that the Fiftieth anniversary of this Society's formation should be held here. We who are young in the profession can only know of the struggles of the homeopathic profession by reading history, and hearing the story told by such Fathers in Israel as Beebe and Baxter. When we look back we realize that much of the history of homeopathy, that its fiercest struggle for existence, took place in this town. Some of the most memorable of the bloodless battles of this School were fought within the confines of the city of Columbus. In passing it is well to remember that it is not wise to doff our armor even at this late date, as the fight for continued existence is by no means ended.

Personally I have been coming to Columbus once in every two or three months for several years past. I think from some of the things I have heard about it, it might be well to appoint a committee to take some of the visitors in charge, or they are liable to stray away and not get back. For myself I have been travelling in Dr. Baxter's and Dr. Beebe's class for so long that such things have ceased to allure.

We appreciate the privilege of being here. We appreciate the spirit in which the invitation was extended, and we are thankful for being able to meet in this historical old town. For myself I pledge the homeopaths from my end of the state to support the program. There may be one or two things brought up by the Secretary, but I want every one to feel that we have come down here for that purpose, and that we are all going to polish up our muskets and do a little fighting for the School in the next year or two in this city.

On behalf of the State Society we thank you for your cordial invitation to meet here, and hope that the meeting will conclude in the same happy spirit in which it has begun.

President Webster: I knew I would make no mistake in calling on Dr. Siemon. We will now have the Secretary report.

SECRETARY'S REPORT.

To the Members of the Homeopathic Society of Ohio:

The minutes of the Forty-ninth Annual Meeting, held in the Baptist Church, Marion, Ohio, on May 13 and 14, 1913, are embodied in the published copies of the transactions of this Society, a copy of which was sent to each member in good standing.

There are three questions of especial interest to this Society which I desire to call to your attention:

1st. The College proposition. As most of you know, a Department of Medicine will be established in the Ohio State University this fall. As a beginning of that Department the Trustees of the University have accepted the proposition and tender of the Trustees of Starling-Ohio Medical College to take over their student body, equipment, and all their tangible property. Early in 1913 a proposition similar to that of Starling-Ohio was made by Cleveland-Pulte Medical College, with the idea of making that the nucleus of a Homeopathic Department of the College of Medicine of Ohio State University. For some reason the question was not taken up at once by the Trustees of the Ohio State University, but on December 30, 1913, a committee consisting of the officers of this Society, its Legislative Committee, its Committee on Education, and representatives of Cleveland-Pulte Medical College, met the Trustees of the Ohio State University, on their invitation, and stated to those Trustees the desires of the Homeopaths in case a Homeopathic Department was established. Through some misunderstanding the tender from Cleveland-Pulte to the Ohio State was not made in the form desired, and this caused further delay. The Secretary finding the cause of the delay, went to Cleveland and met the Trustees of the Cleveland-Pulte, and explained to them as best he could the cause of the delay. A definite tender and statement was then made to the Trustees of the Ohio State University. This tender and statement were referred to a

Committee by the Trustees. The proposition was again delayed, another consultation was held, and the tender and proposition was modified in such a way that we believe it will meet with favorable approval by the Committee, and we hope for favorable action by the Trustees.

If a Homeopathic Department is established at Ohio State, while it may not be just as the Committee has asked, it will be a credit to the State and to Homeopathy. If this Department is established, we ask every member of this Society, and every Homeopath in the State, to put his shoulder to the wheel and help make it a success. Send your students to it, and if you have no students give it your moral support. Do everything possible to show that the Trustees' confidence in Homeopathy has been well placed.

2nd. Organization. It seems to me much could be done in the way of organization to make our efforts more effective. Some method should be evolved by which membership in our State Society would carry with it membership in the American Institute. By having every member of our various State Societies a member of the national body, it would work for the betterment of all. In addition there should be a closer alliance between the various State societies. There are many things that are of interest to our Society that would be beneficial to other societies. The other societies have things that would interest us. I advocate and advise that a committee of three be appointed to draft some form of resolution directed to the American Institute, so that this question may be taken up at the meeting of the Institute at Atlantic City in June.

3rd. As you all know, this State is overrun with cults and quacks. Many of you wonder why the State Board does not rid the State of these various illegal practitioners. The members of that Board, and the members of our Legislative Committee can readily understand why. To you, who are not familiar with the subject, I will simply say it is due to a defect in the law. Those of this Society who have had the battles of this profession to fight can see this—that con-

ditions, so far as cults and quacks are concerned, are growing worse rather than better; that if some radical change is not made in our medical laws it will not be many years until they will be practically worthless. As the Homeopaths have always been first in advocating legislation for the good of both the profession and the people, I place this proposition before you for your consideration:

Have your Legislative Committee, in conjunction with Committees from the old school and Eclectics, draft and submit to the next Legislature a law embodying the following principles:

1. Have the Board organized as at present, so that no one school of medicine shall have a majority on the Board.

2. Establish certain minimum requirements before admission to examination.

3. Require all persons who wish to practice the healing art, no matter of what school, and in what form, to come before the State Board of Examination and pass an examination in those branches in which all schools of medicine are a unit, such as Anatomy, Physiology, Pathology, Bacteriology, Hygiene, Diagnosis, etc.

4. Let each College conduct the examination in those branches which go to make the distinctive schools. When the examinations are satisfactory and are certified to the State Board by the proper officers of the College, then each applicant shall be classified as belonging to that particular school from which or of which such certificate is received. In this State such final examination may be given by a member of the Board representing each particular school.

5. Said State Board shall issue to all who pass the examination, as specified in Section 3, a certificate granting the right to practice the healing art, but to those complying with Sections 3 and 4 a different form of certificate, giving them a classification different from those who only comply with Section 3.

6. No person, even though he may have passed the examination as provided in Section 3 and been granted a certificate, shall be allowed to use the title of Doctor of Medicine or sign himself as M. D. unless properly certified as provided in Section 4 as having passed the special branches in some one of the distinctive schools of medicine and having completed the course of study as laid down in such schools.

In submitting this proposition I have not attempted to go into details, or to prescribe rules governing admission to colleges, but have just attempted to outline a general proposition.

Much of the past year's work has fallen on the Assistant Secretary, and he has rendered both the Society and myself invaluable service. The work of this office has been heavy for the year. We have sent out about 8050 pieces of mail during the year. Of this over 2800 pieces were sent out during the last six weeks. When you consider that every piece of mail is handled at least four times, you know something of the amount of work crowded into the time just before the meeting. To enable your next Secretary to keep up the work, I advise that the position of Assistant Secretary be made a permanent one, and that the person elected to that office be from the same town as the Secretary.

In conclusion I desire to thank this Society for its kindness to me at the last meeting at Marion, and to the various members for their words of sympathy and encouragement.

Respectfully submitted,

R. O. KEISER, Secretary.

President Webster: You have heard the report of the Secretary. What shall be done with it?

Dr. Horner: I move you that the report be referred to the Committee which will be appointed on the President's address.

Dr. Siemon: Seconded.

President Webster: It has been moved and seconded that the Secretary's report be referred to the Committee to be appointed on the President's address. Those in favor say "aye." Contrary "no." It is so ordered.

The Secretary has a few communications to read.

(Communications from Connecticut.)

(Communication from Dr. Hobson.)

President Webster: You have heard this report of the Secretary. What shall be done with it?

Dr. Siemon: I move that the communications be referred to the Executive Committee.

Dr. Beebe: Seconded.

President Webster: It has been moved and seconded that the communications read by the Secretary be referred to the Executive Committee. Those in favor say "aye." Contrary "no." It is so ordered.

President Webster: The next in order is the appointment of Supervisors of Election. I will appoint Drs. Siemon and Beebe.

We will now hear the report of the Committee on Publication.

Dr. Keiser: In the absence of Dr. Humphrey's report, I will say that the transactions were published in due form, and that the bills have all been paid.

President Webster: As Dr. Church is not present, the Treasurer's report will not be heard until the afternoon session. We will have the report of the Committee on Organization and Increase in Membership—Dr. Staples.

Dr. Staples: My report is not complete. As a preliminary report will say that the Committee has been active all year. We have sent out numerous letters, one at least to every Homeopath in the State, asking their co-operation in bringing in new members. The response has been quite good so far, and we expect that before the meeting is over that the full report will show a large increase in membership. Have also to report that nearly all the graduates in Ohio have accepted the invitation to come into the Society this year, which, I think, is a good omen.

President Webster: The report of the Board of Censors.

Dr. Staples: None of the members of the Board are here at present. As soon as they arrive the applications will be referred to them, and at various times during the meeting.

President Webster: We will hear the report of the Legislative Committee.

Dr. Beebe.

REPORT OF LEGISLATIVE COMMITTEE.

During the special session of the Legislature there was nothing brought up of interest to the medical profession. There are some matters contemplated, as usual, that will probably come forward next winter requiring watchful attention when the proper time comes.

In December President Thompson and the trustees of the Ohio State University asked for a conference with the Homeopathic profession of the State relative to the advisability of establishing a Homeopathic medical department in the State University. Such a meeting was held December 30th. There were in attendance at said meeting a good representation from the Cleveland-Pulte Medical College, officers of the State Society, several of the Legis-

lative committee, together with other leading representatives of the Homeopathic profession of the State.

It was deemed judicious to have Dean Hinsdale, of Ann Arbor University, with us in said conference, since we all know him to be far better informed on the question of the hour than any of us. Dr. Hinsdale willingly acceded to our request and his advice and counsel in this meeting were most valuable to both the profession and the trustees of the University in particular, since he gave them much information for which they were seeking. As to progress made in this matter since the meeting, others will report.

Respectfully submitted.

H. E. BEEBE, Chairman.

H. F. STAPLES.

L. E. SIEMON.

W. B. CARPENTER.

LINCOLN PHILLIPS.

T. A. McCANN.

Committee.

President Webster: The report of the Committee on Education.

REPORT OF THE COMMITTEE ON EDUCATION.

Dr. Baxter: Members of the Society, the principal point of interest to the profession of Ohio now centers about the proposition to establish a Homeopathic Department in the State University, and coupled with that is the proposition to unite the Cleveland-Pulte College with the University as that Department. You have been through the report of the Secretary, and have been pretty well informed as to the present status of these negotiations. The Trustees of the Cleveland-Pulte College have had the matter under consideration for some time, and have had a number of meetings and conferences with the Trustees of the University through committees. The matter has progressed so far that probably a final answer will be received after the next meeting of the Trustees of the University, which I am told will take place on the 19th.

Among the propositions is to transfer the equity of the Cleveland-Pulte College to the Trustees of the State University, making that equity an endowment fund, or a fund to be used by them in the interests of the Homeopathic Department. The legal situation is such that in all probability the University Trustees are limited by law and can only go so far in this matter, and no farther.

As to the permanency of this department in the University there are two things to be taken into consideration. I am perfectly satisfied, as I believe are all who are at all conversant with the trend of affairs, and the situation as presented by the Trustees of the University, with this fact, and I believe it to be a fact that if a Homeopathic Department is once established in the University, under the circumstances I have detailed, with this endowment fund to start with, that the only way in which it can ever be suspended or eliminated from the University will be occasioned by the fewness of students, a falling so low as to render the maintenance of a Homeopathic Department impossible, or at least so expensive as to be out of proportion to the good developed from it. Under those circumstances we could not as a School reasonably ask them to continue such a department, but if such a contingency should arise, I want to impress it upon the members of this Society, and upon the profession at large, that it will be the fault of the Homeopaths of Ohio, and not the fault of the Trustees of the University, no matter who those Trustees may be, either now or at any time in the future. If they are supplied with students, with material, the Homeopathic Department once established will be permanent, I am satisfied of that, and I believe all who are conversant with this matter as it has been discussed will agree with me.

I wish to leave another thought in connection with what I have said. In the establishment of a Homeopathic Department in the State of Michigan, the money that has been spent in that department has been from the public treasury, paid by the citizens through taxation, into that

department for the support of the department. The same is true in Iowa, the same was true in Nebraska, and I believe the same is true wherever a Homeopathic Department has been established in any State University. Here in Ohio it would be different. The department will start out, if the plans now under consideration are carried out, with an endowment fund of very respectable proportions. That will serve as an anchor for the department, and with that anchor it will be impossible practically to suspend the department unless, as I say, the fewness of students becomes so pronounced as to render the continuance impractical. I think that is all I have to say on the subject.

Dr. Beebe: Mr. Chairman, we have with us Professor Dewey of Ann Arbor, and I think every member of the Society would be pleased to hear Professor Dewey, who is better informed than any of us on such subjects.

President Webster: Professor Dewey, we would be pleased to have you address us.

Dr. Dewey: Mr. President, members of the Ohio Society, I do not know that I can add anything more to what Dr. Baxter has so excellently said. The situation as he presents it depends on the students in a large manner. There is one thing, however, that we have found in the University of Michigan, and that is, what appeals more to our legislators there is not the students as much as it is the patients in the hospital. We make a very much greater plea for support by the use of our hospital statistics than we do by the use of our college statistics. Last year in 1913, and I know this because I have had the task of making up the hospital report, we had patients represented in our hospital from eighty-four counties of Michigan, extending way up to Lake Superior. There was not a single county in the State of Michigan that did not send us last year a hospital patient. Now when we go before our legislators we show them the report, and say, "There is a necessity for

this institution. Here is what we are doing. The people are crying for Homeopathic treatment." Now as I remember it, we had from the city of Detroit last year over two hundred patients, and Detroit, as you know, has excellent hospitals. When we go before the legislators with our record we say: "Here, you are from district number twenty. Our records show that we have had forty patients from your constituency last year." When we want an appropriation this is a good argument, and we are going to them for relief. The regents have already approved the plans, and drawings have been made for a building for the Homeopathic Department of the University of Michigan. We went before the Board of Regents about three weeks ago, and told them we wanted a new building. They asked how much we wanted. We said fifty thousand. They threw up their hands and said: "That's not enough. You want a hundred thousand dollar building," and that is what we are going to get.

President Webster: I think we would like to hear from Dr. Sawyer on this matter.

Dr. Sawyer: Mr. Chairman, Fellows of the Ohio State Homeopathic Medical Society: It affords me great pleasure to take up this question of the affiliation of the Homeopathic School with the State University. It seems to me that if we can accomplish an affiliation of this sort we have established Homeopathy in Ohio more permanently than it has ever been established before. It is not going to be enough, however, as Dr. Baxter and Dr. Dewey have asserted, for us to go through the technical formation of affiliation. The responsibility of the success of a Homeopathic Department in the State of Ohio depends upon the profession at large. These gentlemen have already related to you the importance of students, and the importance of hospitals. That is all right so far as they go, but they do not go far enough. We must necessarily take into consideration the men who do the teaching, the instructors. If we cannot create in this State

a different Homeopathic spirit from that which we have had for the last year or two, it will not be long until we find ourselves incapable of proceeding under the most favorable circumstances. Now fellows, it is absolutely necessary for us at this time to use our influence in every way possible to bring this great fraternity of ours together for co-operative purposes. We must use our influence to bring our fraternity to a completed organization, and that organization must have as its chief thought the carrying out of this higher educational idea.

We went before the Board of Trustees of the State University with a proposition something like this: We asked of them first that we have a Dean, because we believe without some individual to manage this business of ours we would be in a manner helpless. We asked that they give us six specific chairs. We asked that they give us a hospital. We asked that they give us a training school. This is the reply that came to us upon that proposition, and from one of our best friends on the Board: He came back to us and said that the Ohio State University would not accede to the demands of this proposition in asking for six specific chairs for two reasons. First, they felt that they would be bound according to that proposition to maintain six chairs whether there was occasion for them or not. Second, after establishing a Homeopathic Department, it might be found that six chairs would not be sufficient to carry on the work of the department, and they therefore did not wish to be handicapped in the matter. We therefore amended the proposition to read like this: That we are to have a Homeopathic Department of the College of Medicine. They are to give us a Dean, they are to give us a hospital, they are to give us whatever professors and assistants are necessary, and the needs are to be indicated by the Dean and by the President of the State University.

Now it has been said by some of the Fellows that we were not definite enough, that we were depending entirely too much upon the disposition of the Dean or the President

of the University. After all it is a matter of confidence. We have the assurance, and the best assurance that can come from the expression of the disposition and desire on the part of the Board of Trustees and the President of the State University, to make of this a really wonderful Homeopathic Department. So we feel that we have such confidence in them that they will do the right thing for us that we are willing, this Committee, and the Board of Trustees of the College at Cleveland, to submit this matter to them on these terms. Now then, after looking this matter straight in the face, we have concluded that it would be unjust for us to ask the State University to establish six chairs, six specific and distinct chairs, because of the reasons offered by them in rebuttal. We believe that we can show to the State University that we have needs for an institution of much greater magnitude than six specific chairs would guarantee to us, and so we have put ourselves on trial. If we cannot maintain a Homeopathic Department in Ohio, we do not want it. If we can, we do want it, and we want no restrictions, no limitations to the magnitude of the establishment. And so I say to you Fellows, this matter finally rests back upon the general practitioner and upon what is known as the Homeopathic Fraternity of the State of Ohio, of which we have eight hundred members. Now I am sure if we can have the proper men at the helm of this organization, if we can get the proper individual necessary to operate and manage the organization of this School in its inception, and we can have the co-operation of the Fraternity, gentlemen, we may establish, and will establish, one of the greatest Homeopathic Colleges in the United States. Now, Fellows, out of our pride as Buckeyes, out of our duty to our clientele of this great State, out of our desire that we should have and maintain a Homeopathic Department, let us try personally, individually, and collectively to excite and bring forth, and develop, and perpetuate a spirit of enthusiasm. We must do it.

Now, one thing more, we hope to have an agreement in this proposition, that all of the diplomas that have been

given out by our colleges in the State of Ohio will bear the guarantee of the State University. They take the recommendation of all of the professors of all of the Schools we have had in the State heretofore, and are going to stand by the graduates. We, as the alumni of the various colleges of Ohio, are intensely concerned in that one idea, because, I say to you, I can imagine no more serious catastrophe to us than to awake some morning to the fact that we have no living Alma Mater. If we have this guarantee we have won a great point. They will, furthermore, agree to take the students of the Cleveland-Pulte College, accept them upon the recommendation of professors, and take them into the College with the standing that these gentlemen recommend, so that those who are already engaged in studentship in Cleveland will be placed upon the best possible basis that could be imagined. So, altogether, looking the matter squarely in the face, and taking it from all angles, the final analysis seems to warrant that we have prospects in Ohio of a great Homeopathic Department of the College of Medicine of our State.

Dr. Baxter: Just a word supplemental. These facts call for a little broader discussion than could be embodied in the report of the Committee on Education. I will say that at a conference of the various Homeopathic physicians held not long ago in Cleveland, at which there were representatives from all parts of the State, when this proposition was first brought up, it was the unanimous view of those present that it was not wise to attempt to establish or maintain two Homeopathic Colleges in Ohio; that the thing to do was to secure this Department in the State University, and that the Cleveland-Pulte College must unite with the University and become absorbed in it.

Another thing in this connection. Dr. Sawyer has stated that this department would be of the highest order. I wish to say that the Trustees of the University have given the Trustees of the Cleveland-Pulte College, and all those concerned in this matter, to distinctly understand from the

very beginning of these negotiations that they would not undertake the establishment of a department at all until they were perfectly convinced that they could make it of the very highest order, or, as they have expressed it, equal to the best in the country, and I think one of the causes of their hesitation in this matter is to convince themselves that they can do this.

Dr. W. H. Phillips: I have listened with a good deal of interest and pleasure to both Dr. Baxter and Dr. Sawyer in this matter. To me the establishment of a State Institution here would appeal more than anything I know of, being established, as it possibly would, under the plan Dr. Baxter and Dr. Sawyer have proposed. If we could have such an institution it would be a credit to us, and a source of pride, and I am sure there is no one who would work harder for it than I. But, Mr. Chairman, as I take this proposition, it appears that we are guaranteed in Columbus practically nothing. We have no guarantee for the future as to what shall be done. Now this would be all right if we were not turning over to the Ohio State University the last vestige of teaching money we have in this State, this thirty or thirty-five thousand dollars coming from the Cleveland-Pulte. Our experience with the old school in the past has been of the kind to lead us to think that if our friends in Columbus for some reason or other should be removed by political means, death, or otherwise, that we have no guarantee for the future that things would continue as favorable at Columbus as at present. It is possible that such an emergency might never arise, but still it is likely to arise.

I would like to see, if possible, some definite understanding as to what would become of this equity provided the Columbus College should go out of business. If it could be arranged so as to revert back to the Homeopathic School it would be a good thing. If the equity were not to be considered, I would say go ahead by all means. Would it not be possible to provide some means, if it is not to be used in

the future for the Homeopathic School, to revert back to the Homeopathic profession?

Dr. Sawyer: The use which is to be made of our equity in Cleveland is for the immediate erection of a hospital, of a Homeopathic Hospital on the campus here in Columbus. That is the use that is to be made of it, and the sooner we get that equity here, that much sooner will we have a special place in which to take care of Hospital cases. It is true we have no specific time set in which we are to demonstrate whether or not we are going to make the College a thing possible in Ohio, but I may say to you Fellows frankly, that having canvassed this subject pretty thoroughly, not only in Ohio but elsewhere, that if we cannot make it a go within a year or two, we never will. I daresay there will be no difficulty about keeping it going. The matter is to get it established, and to give us a chance. We have never before in this State had a real opportunity to do things, and if we do not have confidence in ourselves, certainly other people will not have confidence in us. If we do not make it a go it will be our fault, and the fault of nobody else. Popular opinion is the thing that carries any proposition either to defeat or successful issue, and if we can do as they have done over in Michigan, can show that there is an active, living demand for Homeopathic education, we have accomplished the thing we are seeking. If we do not do that, we are down and out. There is no use quibbling about that question, and we are certainly not down and out at the present time.

Now then, if we do not use this money in this way, the question has been put to these gentlemen, to Dr. Schneider, who represents the same side that Dr. Phillips does, what will you do with it? We have up to the present time found no other manner of disposition that would be more helpful to us than to put it in, and take a gambling chance, if we assume Dr. Phillips' position in this particular matter. Fur-

thermore, let me say to you, say rather *sub rosa*, that the question of the amount of the equity in Cleveland is still somewhat of a doubtful question. I earnestly believe that it is not a matter of money that concerns the Board of Trustees of the University. I daresay that if we were to go before them and say we had not a dollar, but that we only had the determination, the active co-operation of eight hundred Doctors in this State, and their clientele, to make the Homeopathic Department a success, they would say, "We will take you, and believe you will do what you say."

Dr. W. H. Phillips: May I make just one more remark? With reference to what Dr. Sawyer said in regard to having nothing else to do with the funds, there is, I think, as Dr. Sawyer possibly knows, another way of utilizing those funds for teaching purposes. The equity that we have would produce considerable income in the course of the next twenty or thirty years. The Cleveland property is very valuable property. This equity could be used for scholarship purposes, in sending students to other schools very well established throughout the country. Not only at the end of twenty-five or thirty years would this property be increased in value, but it would produce an endowment fund in this State ten times what it is now. But even that is no consideration, if this matter in Columbus is going to work out as it should.

President Webster: As it is now time to adjourn, if there is nothing more to be said on this subject the Society will adjourn to meet promptly at 1:15 p. m.

MONDAY, 1:30 P. M.

Meeting called to order by President Webster.

In the absence of Dr. McCann the report of the State Board of Examination and Registration was deferred.

Dr. Ella Grace Hunt, Second Vice President, occupied the Chair during the reading of the President's address.

PRESIDENT'S ADDRESS.

Frank Webster, M. D., Dayton.

Members of the Homeopathic Medical Society of Ohio, Ladies and Gentlemen: A half century ago, a small number of earnest and enthusiastic Homeopathic Physicians met in this city—Columbus, Ohio—and formed the Homeopathic Medical Society of Ohio. Dr. W. F. Shepherd of Glendale, Ohio, and myself are the only direct descendants that I know of that are practicing medicine, our fathers having been lifelong friends and graduates of the same medical college. For this reason, I wish to again thank the Society for making me their President, especially since this is the fiftieth anniversary of our birth. This band of physicians builded greater than they knew. By their initiative steps we of the present day are enabled to practice Homeopathy to a larger clientele with benefit to ourselves, and honor to the name of the founder of our school of medicine. It is not my purpose today to make you a long address, reciting what has been accomplished in medicine during these fifty years of the existence of this Society. It would take volumes to tell that, but that we are meeting today, with a large membership—not as large, however, as it should be—indicates that, as practitioners of our school of medicine, we have been eminently successful, and if we really wish to continue to be successful, and I mean successful in curing our sick, we must not only preach the law of “*Similia Similibus Curentur*,” but practice it as well, so that even the clerk in the corner drug store will know we are Homeopaths.

Do not understand me to say that we are the only physicians, that cure our patients, but that we do cure them,

easier, in a shorter time, and more permanently, I am sure no one here will deny. Then why not adhere closer to our law of cure, which is the law of cure, we believe. Do not allow the pharmacist to label a bottle that is good for this and that disease, and say "Dr. Curem of New York always prescribes this combination tablet. He buys them by the pound." This Society, instead of having a membership of not quite half the Homeopathic physicians of the State, should have at least four-fifths of the active practitioners. Why do they not come in?

It has always been my belief that our *Materia Medica* should be rewritten, by a committee of wise and impartial physicians, and a *Materia Medica* compiled, and this one be taught to the students of all our colleges. We often hear physicians say they do not believe in this symptom or that symptom. It should be that all the symptoms of a drug should be verified by actual practice. Then we should have a *Materia Medica* that the average mind can take hold of. I do hope that some day this will be accomplished. I would recommend hereafter, when possible, that several clinics be held during the session of the Society. It will attract old and new members and be a point of interest as well as instruction.

We have for your entertainment, this session, a program that has never been surpassed in the history of this Society.

The Chairmen of the different bureaus and the essayists and especially the Secretary and members of the different committees of arrangement deserve all the praise and thanks we can bestow upon them.

We shall have papers and addresses by men eminent in the practice of medicine. Subjects of vital interest to the Homeopathic profession will be discussed at this session and it behooves us to do it well. I hope you will all enjoy the feast of reason offered by the members of this Society

and enjoy the entertainment given by the Columbus Fraternity.

Dr. Hunt: I will appoint as a Committee on the President's address Dr. C. E. Sawyer of Marion, Dr. W. B. Carpenter of Columbus, and Dr. H. F. Staples of Cleveland.

President Webster: We will now hear the report of the Necrologist, Dr. Beebe.

NECROLOGIST'S REPORT.

H. E. Beebe, M. D.

Again we are called upon to record in the archives of this Society the deceased Homeopathic physicians of Ohio, eleven in number, during the year since our last meeting. Doubtless others have passed to the Great Beyond of whom we have no knowledge.

In this list four were members of this Society, three were veteran seniors, long time active members; two of them were most honored ex-presidents. The third senior was ever present at our meetings and always took much interest in the deliberations of this body. The fourth had been a member since 1908.

One other was a non-resident member, Dr. Phil. Porter, of Michigan, some years ago an active Ohio member.

Of the remaining six recorded, some of them had been members at some time during their professional lives.

The oldest of the eleven was 76, the youngest 35, making the average age a little over 61½ years, thus past the usual active period of life. And yet, as Young in "Night Thoughts" says:

"We see time's furrows on another's brow.
How few themselves in that just mirror see."

NON-MEMBERS.

- Dr. L. N. Innis, age 35 years, Cincinnati.
Dr. N. E. Hathaway, age 68 years, Cincinnati.
Dr. J. G. Thomas, age 71 years, Lima.
Dr. Henry W. Nelson, age 76 years, Steubenville.
Dr. Roy D. Robison, age 44 years, Akron.
Dr. William F. White, age 58 years, Marysville.

NON-RESIDENT MEMBER.

- Dr. Phil Porter, age 61 years, Springport, Mich.

ACTIVE MEMBERS.

- Dr. Warren H. Outland, age 73 years, Bellefontaine.
Dr. Henry W. Shaffer, age 63 years, Tedrow.
Dr. Charles Hoyt, age 59 years, Chillicothe.
Dr. G. J. Jones, age 71 years, Cleveland.

Warren H. Outland, M. D.

Dr. Outland was born in Logan County, Ohio, January 20th, 1842, died at his home in Bellefontaine, January 24th, 1914. He graduated from the Eclectic Medical Institute in Cincinnati with the class of 1873; Hahnemann, of Chicago, in 1882; Pulte, in 1884.

After graduation Dr. Outland practiced a few months in Hardin County, then changed his location to Zanesfield, Logan County, remaining there in a successful practice until 1900 when he located in Bellefontaine.

While he began practice as an Eclectic, in due time he became a confirmed Homeopath, ever advocating the law of similars. He joined our State society in 1882, remaining a most consistent member. He was a Free Mason, a member of the M. E. Church, likewise was honored and respected by all, both as a man and worthy physician, wherever he resided.

Henry W. Shaffer, M. D.

Dr. Shaffer graduated from the Cleveland University of Medicine and Surgery with the class of 1897. Died at his home in Tedrow, April 7, age 63 years. He joined the society in 1908. Learning of his death but recently, we have been unable to secure additional information of his life history.

Charles Hoyt, M. D.

Dr. Hoyt, a native of the Dominion of Canada, was born January 20th, 1854. He was the youngest of eleven children. The family removed from Canada to Chautauqua County, New York. He received his education there, finishing the course prescribed in the schools of that locality and then engaged in teaching, occupying his leisure time in the study of medicine. He entered Pulte Medical College, graduating therefrom in 1879. He began practice with his brother, Dr. Wm. Hoyt, at Hillsboro, Ohio, and in 1880 located in Chillicothe where he soon acquired a lucrative practice, winning the confidence of the community in every way. As a citizen he was public spirited, enterprising, and always ready to do his part in any worthy undertaking, taking an active interest in all local affairs. He was prominent as a Mason, holding office in every body of the order up to Eminent Commander, and also stood high in Masonic circles in the State. His funeral was held from the First Presbyterian Church of which he was an elder and devoted member. He was united in marriage to Miss Helen E. Will, September 6th, 1883. Mrs. Hoyt and two sons, Donald and Dr. Loy, survive him, the latter succeeding his father in the practice in Chillicothe. Dr. Charles Hoyt joined this society with Dr. Outland in 1882. He was our President in 1912, and most of us can certify to his very successful administration. He was a Senior member of the American Institute of Homeopathy, and a member of numerous other medical societies. He was a true Homeopathic physician, advocating the principles of Homeopathy whenever and wherever this was proper. This society will surely miss him.

Gaius J. Jones, M. D.

This Nestor of Homeopathy during the past third of a century has left us, and the question now is: "Who will take his place?" Professor Jones probably taught as many Homeopathic students, signed as many Homeopathic diplomas, as any man who ever lived. We all knew him. He was a brave man, and we have every reason to believe that he was a good soldier during the Civil War. Many of us know that he was a successful country doctor, a successful city doctor, a successful surgeon, a most ardent, successful born teacher, a successful organizer, besides being a suc-

cessful business man. These many qualities are very seldom found combined in the medical man.

No one knew him better than his life-long co-worker, Dr. H. H. Baxter. With his consent I take the liberty to copy a memorial furnished by him of his dear friend, and published in April Journal of the American Institute of Homeopathy, feeling as I do that Dr. Baxter is the most competent to write fully of his life and professional history, notwithstanding we all knew him so well:

"Gaius J. Jones, M. D., born in Remsen, New York, February 27th, 1843. Died in Cleveland, Ohio, February 7th, 1914.

"In the death of Dr. Jones, homeopathy loses one of its strongest and ablest exponents and advocates. The greater part of his boyhood was spent upon the farm, and in public addresses in later life his illustrations frequently were drawn from the life and experiences of the farm. His early education was obtained in the public schools of his native town, and in the best academies of the state. When the civil war began in 1861, he was the first man from his town to enlist. He served in the 14th New York Regiment, until a severe illness impaired his health so as to render him unfit for further service and he was honorably discharged. He began the study of medicine with Dr. M. M. Gardner in Holland Patent, New York, and was graduated from the Cleveland Homeopathic College in 1872, having entered said college in 1865, practicing during the interval of his courses of lectures. He commenced practice in Liverpool, Medina County, Ohio, but later removed to the neighboring and larger town of Grafton. Early in his career he demonstrated that power of inspiring confidence in those with whom he came in contact which was a marked characteristic. This, together with his firm faith in, and intelligent application of the principles of homeopathy, secured for him a wide reputation and a lucrative practice. He established homeopathy in these towns and in the surrounding country upon a sure and lasting foundation. They are today strong homeopathic centers.

"In 1872 he was appointed Lecturer on Anatomy in the Cleveland Homeopathic College. The following year he moved to Cleveland and was made Professor of Anatomy. Here began that long, hard, unflagging college work that was to continue for the rest of his life. A few years later he was made Professor of Theory and Practice. The wis-

dom of this change is evidenced by the success he achieved in this department. He was gifted naturally with the art of teaching. There was never any straining for effect, never any attempts at oratory or eloquence. He never 'shot over the heads' of the students. From his own experience as a student and young practitioner, he knew what the student wanted to know: what it was necessary he should know. This was presented to them plainly and in simple language, but clearly and forcefully. He was familiar with the teachings of the authorities, but drew largely from his own experiences and observations.

"For ten years he was Dean of the Faculty, and during that time he gave much of his time, energy and means to the support of the college, of which he was practically the head. Unlike most physicians, he was a good business man, being President of the National Safe and Lock Co. for many years, and interested in other business enterprises.

"When elected President of the American Institute of Homeopathy in 1910, he brought to the administration of its affairs the same good business judgment that was manifested in other directions.

"Although well informed on all the new developments in medicine, and always ready to adopt new expedients that gave promise of usefulness, his faith in the homeopathic law of cure never faltered. He was always ready to advocate or defend these principles whenever occasion required. This steadfast manifestation of faith and consistency in practice had a marked effect upon the students under his teaching, and upon the younger practitioners. It attracted them to him, and young physicians turned to him, when in difficulty, for advice and assistance which was freely given. He occupied a large place among the Homeopaths of Cleveland and of the country, one which it will be difficult to fill."

President Webster: Dr. Dewey has a few words he would like to say, as a matter of business.

Dr. Dewey: The few words I have to say are these: The Council of Medical Education of the American Institute of Homeopathy, has endeavored to raise its own fund for that work. We have in Ohio two members of that Council, Drs. Baxter and Sawyer. I have suggested to

them that it is their place to attend to their own State, but they both are bashful and have put the work on me. We have been asking every man in the Homeopathic profession in the United States to give us the sum of two dollars a year for five years to carry on the work of the Council of Education. This is a very small amount when you come to think about it, probably less than most of you tip your janitors every month. I realize that nearly half of the members in this room have already contributed, and this is simply to give an opportunity to those who have not yet contributed. Dr. Sawyer has charge of the cards, and also some literature showing what we are trying to do with the money. We are trying to put our colleges and hospitals on a proper basis. The council has just spent five hundred dollars on the Kansas City College, bringing it up to the proper plane, and with very good success. The Council stands ready to help all teaching institutions, and we want to help out if we can in the new proposed magnificent Homeopathic department in Ohio.

Dr. Sawyer: Dr. Dewey tells me that there have only been 74 out of 800 cards in Ohio subscribed. Money is absolutely necessary in carrying out a college campaign. Come on and sign. If you have already signed, sign again. There is not a man here who can afford to allow this opportunity to go by. These cards will be passed among you and taken up at the door. Please give your attention to this matter.

President Webster: We will now have the report of the Treasurer, Dr. Church.

REPORT OF TREASURER.

T. T. Church, Treasurer, in account with the Homeopathic Medical Society of the State of Ohio:

Dr.

To Balance May 13, 1913.....	\$939.66
Dues	750.00
Sale of copy of transactions.....	2.00
Interest for money on deposit.....	32.07
	<hr/>
	1,723.73

Cr.

Dr. W. A. Humphrey, as per bill.....	30.35
Dr. H. E. Beebe, as per bill.....	21.90
Dr. L. E. Siemon, as per bill.....	32.00
Dr. H. F. Staples, as per bill.....	30.55
Dr. W. B. Carpenter, as per bill.....	11.15
Dr. C. E. Sawyer, as per bill.....	7.00
Miss Catherine A. Page, as per bill.....	50.00
Evans Printing Co., as per bill.....	325.90
Dr. Lincoln Phillips, as per bill.....	8.00
Dr. R. O. Keiser, as per bills.....	168.21
Dr. T. T. Church, as per bills.....	195.42
Balance	843.25
	<hr/>
	1,723.73

Our Society consists of 330 members, as follows:

Honorary members	11
Residing in other states.....	36
Paid to 1915.....	8
Paid to 1914.....	207
Paid to 1913.....	53
Paid to 1912.....	15
	<hr/>
	330

I am sorry to report the resignations of Drs. Fridolin Aeberli, Emma L. Boice-Hayes, Edward M. Deacon, Jeanette Erskine, Howland M. Flower and Will J. Klein.

Twenty-one members allow their names to be dropped for the non-payment of dues.

In accordance with the action taken last year by the Society, the dues of eight members have been remitted.

Since our last meeting the following doctors have been registered by the Ohio Board of Registration and are therefore entitled to complimentary membership for the ensuing year:

Wilber Evans Beach, Gratis.

Grace Elizabeth Beggs, 4106 Bridge Street, Cleveland.

William Bertram Mansur, Miami Valley Hospital, Dayton.

Kazimier Gabriel Cieslak, 2297 West Fourteenth Street, Cleveland.

L. L. Chandler, 9603 Laruder Street, Cleveland.

Joseph Francis Doubrava, 1651 St. Clair Street, Cleveland.

Rudolph Heym, Jr., Cleveland City Hospital, Cleveland.

Caroline L. Hilborn, Akron.

Robert Houser, Buffalo Homeopathic Hospital, Buffalo.

John Rufus Hulbert, Berg Hill.

Ignatius E. Jasinski, 6516 Forman Street, Cleveland.

Ulric Z. Junkermann, Democracy.

Fernand Joseph A. E. Leblicq, 826 Shelby Street, Sandusky.

Frederick P. Schenkelberger, Collins State Hospital, Gowanda, N. Y.

Edwin Sidney Lyon, Akron.

Neville H. McNerney, Fredericktown, R. D. No. 4.

Thomas Angelus Minahan, Pittsburgh Homeopathic Hospital, Pittsburgh.

Michael Paul Motto, Florence Bldg., Superior and East 55th, Cleveland.

Wilbur Jay Sawyer, Rose Building, Cleveland.

Gertrude Elinor Sturges, Buffalo Homeopathic Hospital, Buffalo.

Clarence Ayers Turner, Cleveland City Hospital, Cleveland.

Claude D. Waltz, Cleveland City Hospital, Cleveland.

Samuel Yamshon, 6109 Quincy Avenue, Cleveland.

If anyone knows of any errors in these addresses, the Secretary and Treasurer would appreciate the correction.

Respectfully submitted,

T. T. CHURCH.

Dr. Horner: I rise to a point of order. A meeting at Marion last year, as I understand it, it

that the graduates of this year from the College in Ohio, should be made members of this State Society without paying the fee, upon acknowledgment of their having passed the State Board and received their license; but, Mr. President, it was never the intention of that motion that a man who is located outside of the State of Ohio should be made a member of this Society. The intention as embodied in that motion was, that these men should locate in Ohio, and be practitioners in Ohio. I do not know what action will be necessary to have this come before this body. I simply bring the matter up as a matter of interest and importance.

President Webster: Will the Secretary please read the original motion?

(Dr. Keiser read original motion.)

President Webster: This matter will be referred to the Executive Committee.

I will appoint as Auditing Committee, Drs. Geiser, Wine and Overpeck.

Has the Board of Censors any report to make?

Dr. Means reported the applications for membership, and recommended their acceptance.

REPORT OF CENSORS.

Beach, Wilber E., Gratis.

Cleveland-Pulte Medical College, 1912.

Beggs, Grace E., 4106 Bridge Street, Cleveland.

Cleveland-Pulte Medical College, 1912.

Bissell, George R., 350 East State Street, Columbus.

Pulte Medical College, 1877.

Cieslak, Kazimier G., 2297 West Fourteenth St., Cleveland.

Cleveland-Pulte Medical College, 1913.

Chandler, L. L., 9603 Laruder Street, Cleveland.

Cleveland-Pulte Medical College, 1913.

Combes, M. L., 3020 Euclid Heights Boulevard, Cleveland.
The Cleveland Medical College, 1895.

Curtis, Helen E., Marietta.
New York Medical College for Women, 1881.

Dixon, W. W., 894 East Market Street, Akron.
Cleveland Medical College, 1894.

Doubrava, J. F., 1651 St. Clair Street, Cleveland.
Cleveland-Pulte Medical College, 1913.

Fishell, William J., Findlay.
Cleveland Homeopathic Medical College, 1911.

Garrison, Joseph S., 35 West Second Street, Chillicothe.
Hahnemann Medical College of Philadelphia, 1889.

Gillard, David, Port Clinton.
Cleveland Homeopathic Hospital College, 1878.

Grosvenor, F. B., 703 Provident Bank Building, Cincinnati.
Homeopathic Department, University of Michigan, 1911.

Henderson, John T., 10009 Madison Avenue, Cleveland.
Cleveland Homeopathic Medical College, 1900.

Heym, Rudolph, Jr., City Hospital, Cleveland.
Cleveland-Pulte Medical College, 1913.

Hilborn, Caroline L., Akron.
Cleveland-Pulte Medical College, 1913.

Houser, Robert, Buffalo Homeopathic Hospital, Buffalo.
Cleveland-Pulte Medical College, 1913.

Hulbert, John R., Berg Hill.
Cleveland-Pulte Medical College, 1913.

Jasinski, Ignatius E., 6516 Forman Street, Cleveland.
Cleveland-Pulte Medical College, 1913.

Junkermann, Ulric Z., Democracy.
Cleveland-Pulte Medical College, 1913.

Koontz, E. J., Wadsworth.
Cleveland University of Medicine & Surgery, 1896.

Leblicq, Fernard J., 826 Shelby Street, Sandusky.
Cleveland-Pulte Medical College, 1913.

Lyon, Edward L., Akron.
Cleveland-Pulte Medical College, 1913.

- McNerney, Neville H., Fredericktown, R. D., No. 4.
Cleveland-Pulte Medical College, 1913.
- Mansur, William B., Miami Valley Hospital, Dayton.
Cleveland-Pulte Medical College, 1913.
- Minahan, Thomas A., Homeopathic Hospital, Pittsburgh,
Pa.
Cleveland-Pulte Medical College, 1913.
- Motto, Michael P., Florence Building, Cleveland.
Cleveland-Pulte Medical College, 1913.
- Naumann, Charles, Circleville.
Pulte Medical College, 1876.
- Neiswander, H. A., Pandora.
Cleveland-Pulte Medical College, 1912.
- Nixon, Isabelle B., 403 East Front Street, Mt. Vernon.
Cleveland Homeopathic Medical College, 1899.
- Prouty, H. L., West Unity.
Cleveland University of Medicine and Surgery, 1897.
- Sawyer, Wilbur J., Rose Building, Cleveland.
Cleveland-Pulte Medical College, 1913.
- Schenkelberger, Frederick P., Collins State Hospital, Go-
wanda, N. Y.
Cleveland Homeopathic Medical College, 1909.
- Sturges, Gertrude E., Homeopathic Hospital, Buffalo, N. Y.
Cleveland-Pulte Medical College, 1913.
- Thompson, H. S., 738 Schofield Building, Cleveland.
Cleveland-Pulte Medical College, 1913.
- Truesdall, C. R., 319 Birchard Avenue, Fremont.
Chicago Homeopathic Medical College, 1890.
- Turner, Clarence A., Columbus Grove.
Cleveland-Pulte Medical College, 1913.
- Van Epp, O. B., Port Clinton.
Cleveland Homeopathic Medical College, 1901.
- Waltz, Claude D., 1617 East Eighty-fifth Street, Cleveland.
Cleveland-Pulte Medical College, 1913.

Warner, W. M., 221 South Main Street, Middletown.
Pulte Medical College, 1897.

Wood, G. W., Wilmington.
Cleveland Homeopathic Hospital College, 1886.

Yamshon, Samuel, 6109 Quincy Avenue, Cleveland.
Cleveland-Pulte Medical College, 1913.

Dr. Horner: I move that they be elected to membership in the Society.

Seconded.

President Webster: It has been moved and seconded that these applicants be elected to membership in the Society. All those in favor signify by the usual sign. Contrary the same.

It is so ordered.

REPORT OF COMMITTEE ON THE PRESIDENT'S ADDRESS.

Your Committee on President's Address wishes to concur in the suggestion contained in the address and recommend that a special committee of three be appointed to report on a tangible plan for carrying out the thought expressed regarding physical proving of our drugs.

C. E. SAWYER,
Committee.

Regarding the Secretary's report, we concur in the thought he has in regard to organization, and refer the matters relative to legislation he speaks of to the Committee on Legislation, and we would move you that the report be made a matter of record.

Dr. Means: Seconded.

President Webster: It has been moved and seconded that Secretary's report be made a matter of record. Those in favor signify by the usual sign. Contrary the same. It is so ordered.

Dr. Studebaker: Gentlemen, these recommendations are strictly all right, but we should go farther. I would amend this report by ordering that the Chairman shall appoint the various Committees recommended, to go into immediate effect.

Seconded.

President Webster: You have heard the motion made and seconded to amend the report. Those in favor signify by saying "aye." Contrary by the usual sign. It is so ordered. I will appoint these committees to-morrow.

Dr. Webster: We have with us this afternoon, Ladies and Gentlemen, a man who has left his happy home, and come out here in the interest of Homeopathy. He has come to us, and he is going to nine other state meetings during this tour, visiting ten States. We owe this great pleasure to the management of the man who has a system in doing everything, Dr. Sawyer.

I have the pleasure of introducing to you Dr. DeWitt G. Wilcox, President of the American Institute of Homeopathy.

THE MEDICAL MILLENNIUM.

DeWitt G. Wilcox, M. D., Boston, Mass.

President of the American Institute of Homeopathy.

Friends: I greet you! To breathe again the air of Ohio is to inhale the ozone of liberty and three-cent fares. The liberty gives me the privilege to say anything I wish, and the cheap fare enables me to go as far as I wish in the saying thereof. I don't have to tell you I was born in Ohio. The fact that I have the gall to stand before an in-

telligent audience and assume to inform it, is an evidence of that birth. Another one of my Ohio birth marks is the fact that I hold office. No Ohio man is satisfied until he is elected to something.

After announcing my subject as "The Medical Millennium," I began to wonder what it meant. At the rate in which medical knowledge has progressed in the last thousand years we really ought to know about all there is to know at the end of the next thousand years. The only drawback I can conceive of, would be that we would not have any of the present generation there to say "I told you so." It is possible that our friends, the Christian Scientists, will have so completely annihilated ailments by that time that one will not get the nose bleed, from being hit with a baseball, nor suffer the slightest contusion in dropping twenty stories in an elevator shaft. But I am willing to wager that even the Christian Scientists will, at the millennium, sneeze if they sit in a draft. But, as the theologians say, I will take care of the subject in its broader sense and consider the Medical Millennium as meaning that time when all things medical shall be understood, and all doctors shall agree because the truth shall make them one.

In those Elysian Fields of medical bliss, prejudice and bigotry shall have disappeared. The diamond is formed by a long wearisome process of nature and it requires the utmost patience and perseverance to find it. But once found it becomes a gem of great value and practically indestructible. It will always be a diamond no matter how it may be divided, ground, or crushed.

Many of the laws of the universe are like a diamond. They lie hidden away in the darkest recesses of nature's treasure chest, and are brought to light only by the most painstaking labor; but once they are proven to be laws they never fail us; they are laws forever after. We may disobey them, disregard them, circumvent them, but we cannot annihilate them.

So great is our regard for these once hidden laws of nature that we honor most highly men who have discovered these underlying laws. Copernicus' name with that of his successors, Kepler and Gallileo, will ever stand out with honor because of their astronomical deductions of law. Newton, Charles Darwin, Pasteur, Lister, and Madam Currie are names we shall ever honor and no one for a moment thinks of being ashamed to be the disciples of such thinkers. But nearly all of those discoverers met with skepticism, ridicule, and many with the vilest kind of persecution. A hundred years ago a man distinguished himself from the horde of common minds about him by doing some independent thinking, the result of which was the birth of a new law. It was no sudden, accidental, stumbling upon a law, but an evolution of one by a lifetime of painstaking research, experiment, repetition, and deductive thinking. He was a man who had prepared his mind most thoroughly for the triumph which ultimately became his. His knowledge of languages was unusually extensive, including besides his native German, English, French, Greek, Latin, Hebrew, Arabic, and Spanish. This man was a physician than whom there were few of his time better read in his profession, or more practical in the application of his knowledge. He was also accredited a great chemist, and many years before he brought out his new law in medicine, he was regarded as a leader in his profession.

During his early career as a physician he made a number of most valuable contributions to general medicine, chief of which was his rational and humane teaching with regard to the care of the insane. Had this man done nothing else in medicine, his name would have stood high on the roll of honor because he blazed the way for our present humane methods of caring for the mentally defective. But there were other fields wherein he labored with fruitful results. Epidemics were frequent and deadly at the time of his living, and he was the first to foresee the wisdom

and necessity of cleanliness, quarantine, and segregation in the management of epidemics. Here again this one act distinguished him as a practical and scientific thinker.

A brief review of the condition of medicine at this time will enable one to see how a trained mind like his, seeking facts and deducing truth, must have revolted at the semi-barbarous methods then in vogue for treating the sick. Read any history of medicine and you will learn that practically the entire art of medicine in 1790 was a hodgepodge of superstition, empiricism, and routine. Blood letting was the principal gateway by which most patients reached heaven, or the other place. But before they were supposed to be fully prepared to start, they must be purged to become as fairy-like as possible, then they must be salivated to make the going easy. Then they must be sweated to reduce weight, and finally blistered so that in the event of their being booked for Hades they would be glad to get there if only they could escape further treatment. Cruel and barbarous as was the Spanish inquisition, which had flourished up to about this time, it was but little less cruel than this so-called scientific method of hustling people out of the world long before their allotted time.

In 1790, this Martin Luther of medicine who was none other than Samuel Hahnemann of Saxony, Germany, was engaged in re-writing Cullen's *Materia Medica*. Like Martin Luther, he suddenly paused in the midst of his work to ask himself why all this superstitious nonsense under guise of truth. He was not at all satisfied with Cullen's explanation of the manner in which cinchona bark relieved ague. One of the few satisfactory treatments which was used at that time was cinchona for ague and much speculation existed as to how it acted. The investigative mind of Hahnemann induced him to take sufficient of the drug himself while in perfect health to get the direct drug effect. To his surprise, he found himself suddenly seized with what appeared to be an attack of ague. He repeated the experiment, and each time with the same result. This

experiment was a ray of light to Hahnemann, for it suggested a possible clue to curative relations existing between drugs and disease. To those who think Hahnemann was a superficial observer, and that he rushed to the house top at once to proclaim a new law, they have only to study his life for the next six years, for it was not until 1796 that he published his first statement of his belief. During these years he read extensively concerning the action of drugs upon the healthy, when taken by mistake or design. He studied disease as few of his contemporaries ever studied it. He carried on hundreds of experiments, noting the effects of drugs upon animals and men. He succeeded in interesting other physicians in his investigations, who also made valuable deductions.

"Provers" were employed who were willing to take small doses of drugs, and remain under close observation, and thus the herculean task of building up a materia medica, based upon a real and exact science of known effects of drugs, was undertaken. Can any one name a man since Hahnemann's time who has made the searching study of the effects of drugs upon human beings and left it in such a masterful way for future use?

When his deductions were first published in 1796 in Hufeland's Journal, they were not presented as a dogmatic assertion of fact, but rather as observations with a modest plea that physicians investigate the theory and aid him in the further pursuance of it. What was the reception of it? Ridicule, persecution, banishment, and absolute refusal to accept it; and notwithstanding that his discoveries revolutionized medicine of his day; knocked out blood letting; put an end to blistering, purging, salivating, and sweating, side-tracked hundreds on their way to the hereafter, and reduced the mortality of all diseases far below what it was ever before, he was hated and persecuted and taunted to the day of his death because he dared to think against the tide of established medical thought.

It is easy to think along the line of entire new thought, over which no thinker has before ventured, but to think against the tide of accepted thought and continue in that channel, takes the type of man that is rare in this world.

In 1810 appeared the first edition of the most remarkable medical work which the world had seen up to that time: The Organon of Rational Medicine. Hahnemann has been accused as stealing the thoughts of Hippocrates, but his thoughts were so much ahead of Hippocrates that the most careful student could not find a relation. Hippocrates never made a single drug proving that is recorded, nor ever prescribed on the principle of Similia.

To the lay public, who perhaps have but a very superficial knowledge of this most remarkable man and his still more remarkable book, I hope I may be permitted to say just a few words. You may remember his name because he was the man who invented little doses, or founded a system of medicine, but he did so much more than that for his day and the generations to come that it is scarcely fair he should be judged only by that. He was a broad man. He taught hygiene as no master at that time taught it. He has given us more valuable hints on preventative medicine than any writer in his day. His treatment of the insane I have already mentioned. Cholera at that time was very rife and his teachings on controlling it by segregation and quarantine are rules for the present day. Understand, the microscope was unknown in his day, and bacteriology a closed book, but listen how prophetically he forecast the germ theory of disease. In 1884, Koch discovered the causative germ of cholera and named it the Comma Bacillus. Antedating Koch by more than half a century, Hahnemann published a pamphlet in 1832, entitled "The Mode of Propagation of Asiatic Cholera," in which he stated with all the clearness which characterizes all his writings, that cholera was caused and spread by minute living organisms, and not by an odorous effluvium or by means of the atmosphere as was then believed. Not only did he forecast the

existence of germs, but he told under what conditions they would multiply; just what was a favorable medium for them; "for" he says, "on board ships in those confined spaces filled with mouldy, watery vapors, the cholera miasm finds a favorable element for its multiplication and grows into an enormously increased brood of those excessively minute, invisible living creatures, so inimical to human life of which the contagious matter of cholera most probably consists." Need any one be ashamed to be a follower of such a man? Need one make excuses in being called a pupil of Hahnemann? Need one be ashamed to be a follower of Copernicus, of Isaac Newton, of Charles Darwin or Madam Currie? Is one a sectarian because he believes the truths which those students of nature brought out? Yet, Hahnemann never intended to found a system of medicine. Note how emphatically he emphasizes the place of surgery in medicine, of preventative medicine, of sanitary science in his *Organon*. His reformation sought but one thing, a more rational method of selecting a remedy for a disease, and the abolition of bleeding, purging, salivating, etc.

Now how has time tested this law of Hahnemann? One hundred years have elapsed since it has been adopted and put into practice by thousands of physicians.

Millions of patients over the world can testify as to its superior advantages. It has so modified old school therapeutics as to render it scarcely recognizable with the measures in vogue 100 years ago. Our hospitals can, without exception, both in Europe and America show a much lower percentage of mortality and higher percentage of cures than the old school, and strangely too, these superior percentages show to best advantage where there is the least opportunity of imagination or psychic influences affecting the patient, namely in children and the insane. Note a few statistics from the various hospitals of Europe and America:

State Homeopathic Asylums.	Percentage of Cures
Middletown State Hospital (N. Y.).....	40.31
Westboro State Hospital (Mass.).....	46.3
Patton State Hospital (Cal.).....	44.36
Watertown State Hospital (Ill.).....	42.27
State Allopathic Asylums.	Percentage of Cures
Mendocino (Cal.)	34.41
Stockton	31.93
Napa	24.37
Agnews	29.42

Percentage of recoveries "all cases received"

in four Homeopathic Hospitals.....43.31 per cent.

Percentage recoveries "all cases received"

in fifteen Allopathic Hospitals28.80 per cent.

Herein Homeopathic treatment produces 50 per cent better results in the insane.

What does this amount to in saving rates and taxes in the course of ten or twenty years?

PERCENTAGES OF MORTALITY

Average for 100 years, and guaranteed by the American Institute of Homeopathy, who have collected them.

(See Publication 4 of the A. I.H. Council of Medical Education.)

	<i>Allo- pathic</i>	<i>Homeo- pathic</i>	<i>Swedish (Allo- pathic)</i>
Cholera	49.57	16.83	.....
Yellow Fever	43.68	5.53	.....
Pneumonia	31.22	5.34	28.8
Typhoid Fever	33.95	8.58	19.08
Diphtheria	50.3	11.2	.....
Erysipelas	8.6	1.6	Ros. 6.8
Measles	6.3	3.7	8.89
Hydrocephalus	90.	57.	.....
Pleurisy	13.5	2.5	.....
Peritonitis	20.5	4.5	.....
Scarlet Fever	20.6	2.17	.....

Croup (membranous)	78.5	21.5	.....
Diarrhoea	21.	9.	.....
Dysentery	22.	3.	.....

The homeopathic profession of the world is endeavoring to do today what Hahnemann tried to do 100 years ago; namely, induce the old school to investigate the claims of Homeopathy; to investigate our results of 100 years experience, demonstrated in the most convincing manner, and then to employ these superior methods in their practice. Now why are we asking this? Have we anything to sell? No. Have we any copyright on Homeopathy? No. Are we to be enriched in any manner by the old school adopting and practicing Homeopathy? No. It must be apparent to every one that we will not benefit one penny by such a transformation. The rank and file of Homeopaths the country over are successful men, both in their practice and in their business affairs. It is a conceded fact that take them man for man compared with the old school that they have a better class of patients, better equipped offices, better incomes, larger libraries, dress better, and attend medical meetings in larger proportions.

There has been a larger percent of increase in the number of medical students entering homeopathic colleges this past year than there has been in the old school colleges.

Now why should we seek to change all this and urge the 150,000 old school physicians of the United States to adopt Homeopathy and become our close rivals? We are absolutely independent of them and can continue this independence forever. We are actuated by just one idea, and that is an altruistic one. We want every man, woman and child in the United States to have the benefit of that superior form of treatment for the sick which Homeopathy affords. We want every physician to so understand this method that he can employ it intelligently.

Just let me give you some instances of the manner in which our unselfish desire to have Homeopathy adopted by the old school has been received. It is difficult to imagine

that ancient prejudices and bigotry can yet be so rampant.

So late as 1912, Sir Henry Tyler of London, offered to send selected allopathic medical graduates to America for six months for the purpose of postgraduate instruction in Homeopathy, and give them each \$750 for the six months. The leading old school medical journals of England, notably the "Lancet" and "British Medical Journal" refused absolutely to publish the notice as an item of news, and then later refused to admit paid advertisements of the same fact. But they had to back down from their rank bigotry, for such tremendous pressure was brought to bear upon them through a threat of having the whole matter aired in the public press that those journals finally admitted the notices. Another item:

A Liverpool paper says:—"The public are not troubled by angry denunciations of the 'LANCET' and 'THE BRITISH MEDICAL JOURNAL'; they will judge by results. A 'journal' which goes to the length of excluding advertisements having reference to Homeopathy is hopeless; it can only be remembered in our prayers!"

"Some few years ago the (Allopathic) 'British and Foreign Medical Review' within a week of publishing an article on Homeopathy in its pages, received 1,400 notices from subscribers, stopping their subscriptions."

That is an evidence of the determination on the part of a certain wing of the old school not to be informed upon matters of Homeopathy.

Last winter I discovered that the American Medical Association Directory, which purports to be a complete, accurate, and dependable directory of all the physicians of the United States, was not living up to its agreement. I found that while it stated in a headline that all physicians who were members of a state or county society would have a special symbol after his or her name, it failed in every instance to so designate a homeopathic physician's name unless he happened to be a member of an old school society. In other words it said to the public, "we take no notice of

state or county medical societies, even though they are legally chartered and have the same legal standing as the old school. If a physician is a member of such a society, we give him no credit for it." Consequently you will find that the American Medical Directory, for which you pay seven dollars, will give you, Mr. Homeopath, no credit for belonging to a state society. When I wrote the publisher for an explanation, they replied: "We are not publishing a directory for Sectarians."

But there is an evidence of better times. I am optimistic enough to believe that the good sense and desire for fair play by the better men of the old school will eventually prevail. We have done one thing; we have won their respect by adherence to principle, and every once in a while there crops out evidence of a desire on the part of their better thinkers to recognize our school. The latest triumph in that line will be seen by this letter.

Chicago, Ill., April 18, 1914
Dr. Dewitt G. Wilcox,
419 Boylston St., Boston, Mass.

My Dear Doctor:—

I take pleasure in informing you that the Board of Regents of the American College of Surgeons, at its last meeting in New York, unanimously recommended that the American Institute of Homeopathy be placed on the same basis as the American Medical Association, Clinical Congress of Surgeons of North America, and other associate societies. By referring to our directory, or the circular I sent you recently, you can ascertain definitely what that relation will be. I am quite sure that with the unanimous recommendation of the Board of Regents there will be no difficulty in making the change in the constitution which will be necessary to bring this matter about.

I am writing this same information to Dr. James C. Wood. With kind regards, I am

Yours very truly,
(Signed) Franklin H. Martin
General Secretary.

Now what is and what should be the attitude of the homeopathic school at present toward modern scientific medicine? The old schools have receded from their former position, and are desirous of accepting us all without the slightest restriction into their medical bodies and calling us brother physicians. You may ask the question, why should we not do it? We can practice Homeopathy just the same. We can continue our colleges just the same. Why should we maintain a separate organization and hold ourselves aloof from the great majority of physicians, physicians in whom we have confidence and whose sincerity and integrity we respect, physicians who are successful and who are contributing to the sum total of medical advancement? What are we to gain by this self-imposed segregation, and whither will it take us?

There is inborn in the very fibre of every self-respecting and thoughtful man a something which we call "love of principle," a foundation or starting point upon which he can build his belief in people and things. No men or women ever became strong characters until they possessed in a marked degree, this abiding faith in a principle. It has driven men into trackless wildernesses; across unknown seas; through frozen zones; to the martyr's stake, and we have always found it true that the greater the sacrifice for principle, the stronger the character. Sacrifice for selfish ends is a mighty poor builder of character, but sacrifice for a principle will frequently transform a mongrel character into a pure blooded thoroughbred. It is that love of principle which keeps us together as a separate school, and which makes us determined we will never disband until our principles have received a thorough, searching test, and a trial at the bar of clinical experience. We court the trial, we are imploring the old school to make the test. We will abide by the results. I ask you if our position is not sane, sound and unassailable? As Hahnemann besought his medical confreres to investigate the results of his researches and give them a fair trial, so today the American Institute

formally asks the American Medical Association the same thing. We have presented to them a dignified but carefully thought proposition to appoint a commission to co-operate with the American Institute to make a scientific but searching investigation into all our claims and deductions. This proposition is now in the hands of the Secretary of the American Medical Association, awaiting answer.

All we ask is that they give this law of Similars a fair and unbiased, but critical investigation, and report the result thereof. I have every confidence that the public will stand by us in this fair minded proposition. Any man, or any body of men who is so prejudiced against a cause that he refuses to examine into it has a very weak platform upon which he stands himself.

But, my friends, we are nearer the goal of victory today than ever before in the history of Homeopathy, and the reason we are nearer it is because every newly discovered fact pertaining to medicine has demonstrated the truth of the law which Hahnemann enunciated 100 years ago, and that truth is becoming so bold and persistent that the leaders of medical thought are impelled to recognize it. Jenner foreshowed its triumph; Pasteur and Lister advanced it; Koch demonstrated it; Von Berhing utilized it and Wright acknowledged it.

The signs are everywhere about us that Homeopathy is coming into its own. It is for us to recognize that fact and seize the occasion for making sure the coming. Like all opportunities, it must be taken at the flood or it will be lost.

Note the tone of victory in the letters of Dr. Petre Hoyle of London, concerning the work of the International Council; how the best minds of Europe, the royalty and the common people are flocking to the lectures given by our able men on Homeopathy. Dr. Leon Brasol of St. Petersburg, Russia, who is now touring the United States, tells us he expects soon to see a Homeopathic Medical College opened in Moscow. Dr. Vasconcellos of Rio de Janeiro, Bra-

zil, at the last International Homeopathic Congress told of the splendid achievements of Homeopathy in South America. He says:

"In each of ten or twelve general Hospitals there is a homeopathic section. In the Army there are homeopathic doctors officially recognized and eligible for military or State honors." "Its security," he says, "seems even greater than it is in the States."

In Germany, the home of Hahnemann, there is a marked awakening to the unquestioned benefits of the homeopathic treatment. The old schools are really bewildered over the marked interest and widespread enthusiasm over Homeopathy. They do not know whether to continue to love us as they have been doing, or to fight us as of old. The better thinkers amongst them see the wisdom of doing neither, but to recognize our principles. Note what the Editor of the new born "Cincinnati Medical News" says:

"It is a pleasure to chronicle the renewed activity of the followers of Hahnemann. While the Editor of the Medical News is an exponent of the old school, he is devoting its pages to furthering the best interests of every school of medicine. In this day and generation, to do less would be to stultify the name of medicine."

Thus do we witness the Renaissance of Homeopathy.

Another point I want to make plain; we are not sectarians. Hahnemann was not a sectarian; he recognized the good in all other branches of medical treatment aside from the one of giving internal medicine. Our definition of a Homeopathic physician, which has been adopted throughout the United States, shows distinctly we cannot be sectarians. No one can be a sectarian in religion, politics, or medicine who lays claim to the universality or infallibility of his doctrine. So long as one is ready to admit that his doctrine has holes in it he is not sectarian. The fact that nearly all of the various denominational churches have long since ceased to believe that their particular doctrine was

the only sure method of obtaining an 18-carat harp and crown, and that all those who did not believe just as they did would eventually be digging sulphur crudum, has rendered them unsectarian.

We are no more sectarians than is the New Englander who prefers his pie for breakfast. So long as the New Englander has other food for breakfast it is evidence that he does not believe in the saving grace of pie alone. He believes that pie helps him better to accomplish his daily tasks, and he prefers it for breakfast, so it will have all day in which to work. If a New Yorker wants his pie at midnight, or does not want it at all, or prefers cake under the name of George Washington pie, the New Englander will not refuse to speak to him or regard him any the less pie-ous.

We are not an attachment to medicine; we are not the fifth wheel, the rear red light, nor yet the bad odor behind. We are a part of the engine, and, mark you, our part of the engine has required less tinkering, works more smoothly, and is today, more dependable than all the new fangled injectors, automatic starters, gear shifters, and castor-oilers, that have since been added.

Generally speaking, we can say that Modern Scientific Medicine is like a horse, in that it stands upon four legs, so far as the actual treatment of the sick is concerned. Leg Number 1 is the administration of internal medicines. Leg Number 2 is Surgery, and in this is included obstetrics and all mechanical treatment. Leg Number 3 is vaccines and serum therapy. Leg Number 4 is Psycho-therapy, and all that pertains to mental healing. The relation of homeopathy to scientific medicine is exactly the same which one of the legs of a horse bears to the entire horse. It is not the horse itself, but it is such a part of him that to remove it would cripple the horse, and materially interfere with his usefulness.

Even the most enthusiastic homeopaths do not for a moment claim that homeopathy constitutes the *four* legs of modern scientific medicine. They do not claim that it

constitutes two legs, but few will go further in their claim for more than one leg. But our friends of the old school are not willing to admit that it constitutes a part of one leg. They want to make it the tail and then cut it off. We do not propose to surrender our ownership in the horse until they have given us full credit for growing that fourth leg.

An old darky preacher said, "Bredder'n, when the las' day shall cum, de Lo'd will gedder all de people 'rou' Him and devide dem inter de sheep and de goats, and dere ain't gwine ter be no question who am de sheep 'cause we is de only ones what has de gen'wine wool."

When it comes to internal remedies "there ain't no question who has the gen'wine wool." Modern medicine without homeopathy is a four legged horse with one leg gone. It is scientific in everything except the giving of an internal remedy, and there the science falls down. The homeopathic physician of today is more scientific than any other physician in that he supplies the modern scientific principle to all of the recognized methods of cure.

The criticism is frequently offered that we are making no laboratory researches; that we have discovered nothing new in medicine; that we have not advanced general medical knowledge beyond giving the law for selecting remedies for internal diseases. When America first declared her independence from England, she had no factories nor skilled artisans, they had all to be constructed and developed, and for some years we had to buy our goods abroad or import the skilled labor. But just as soon as we got started we went way ahead of the Mother Country. Until the last five years we have had no research laboratories! we have had no money with which to pay research workers. All of the great bequests for medical research went to old school institutions. We have all had to work day and night to support our Colleges from our own pockets, but even then we have made some valuable provings. We have not been admitted to one research institution simply because we were homeopaths. Nor has one such institution made the first

attempt to investigate the law of Similars. Now we are getting our institutions of research and the results are already noticeable. We only ask for more money to advance the work, and I want to tell you that when we get to work we are going to do something that will benefit humanity in a much more practical way than pickling rabbits' hearts, or clamping off a dog's aorta.

Now, my friends, we have come to the Banks of the River Jordan, and only the River separates us from the promised land. Shall we go over and possess the land or shall we, like the children of Israel, turn back and wander 40 years more in the wilderness?

When two armies stand opposing one another negotiating for peace, each army makes the greatest possible show of strength in that it may get the best terms of peace. We are asking the old school to investigate our claims for recognition and peace. We have suspended hostilities, awaiting their decision. Many of them are ready and willing to investigate and ready to accept the truth. Many have long since got rid of their prejudice and bigotry; but a large number still stand off; they feel the absolute necessity of having us all with them because of our numerical strength. They want medical unity because it means legislative power. But they are not going to accept Homeopathy unless absolutely compelled to. They believe they can get us by a process of absorption, one by one, by inducements, blandishments, rewards.

Now, of all times, is the time to show our steadfastness to principle; to stand together in a solidarity of one man; to present an unbroken front. Where can we make a better exhibition of such strength than at Atlantic City, June 28th to July 4th? Where will the fact of our strength be better known or more widely heralded? It is absolutely essential that we turn out there in great numbers. We shall undoubtedly outline at the National meeting, our future policy toward the old school. If they accept our challenge to appoint a Commission to investigate the law of Similars,

we can do nothing but await the findings of this Committee. In the meantime hold together and strengthen our forces. If they refuse or dilly-dally, then it becomes militant Homeopathy. Then the lines must be drawn sharp and distinct. There can be no straddlers or fence perchers. It must be for or against.

The more I see and know about the new discoveries in medicine and the modern method of rendering people immune to disease, the greater is my belief in the fundamental truth of the law of Similars. For it is all based upon this law. We see it demonstrated in the section of vaccines and serums. We see it in radio-therapy. We see it demonstrated in the laboratory where there is exhibited under the microscope the interlocking of cells of the body with the cells of the drug administered, showing that a certain drug has an affinity for certain definite cells and refuses to pay any attention to other cells. But once this interlocking of cells takes place it renders those cells immune to any disease which may have attacked such cells. But no drug will find an affinity for such cells which is not capable of producing symptoms like the disease present.

I believe the time is coming in which we shall treat more rather than less diseases with potentized drugs; drugs so carefully selected that we will know with reasonable certainty their cells will interlock with the diseased cells and render them immune to disease. There will never be a time in which hygiene, sanitation, and diet will not be potent factors in preventing disease, and the better understood and applied, the less the disease. But there will always be the ignorant, the careless, and the unfortunate, who must become victims of disease, and who must be treated. Surgery and mechanical treatment will be always necessary, so long as abnormal conditions exist, but we shall know more of the action of remedies and their power of healing, the more closely we study drug action.

So, if you ask me the limit of Homeopathy, either as to time, space, or application, I should say it is unlimited; it

is good for all the nations of the earth; at all times, and for all diseases. I once heard a man who in his enthusiasm for his country bounded the United States without a limit; and so I shall bound the limits of Homeopathy by saying it is bounded on the North by Auro-borealis; on the East by primeval Chaos; on the South by the conjunction of the Equinoxes; and on the West by the day of Judgment.

Dr. Webster: I am sure we have all enjoyed Dr. Wilcox's paper, and the Chair will entertain a motion that a vote of thanks be extended to him.

Dr. Sawyer: I move you, Mr. Chairman, that a vote of thanks be given to Dr. Wilcox for his splendid address.

Dr. Staples: Seconded.

Dr. Webster: You have heard the motion. All those in favor say "aye." Contrary "no." It is so ordered.

HISTORY OF THE HOMEOPATHIC MEDICAL SOCIETY OF OHIO.

Fiftieth Anniversary, May 11 and 12, 1914.

Charles E. Walton, M. D., Cincinnati.

I recently read of the celebration of a Golden Wedding Anniversary at which the ancient groom said that he and his wife had never quarreled during their entire wedded life. He must have had the amnesia of a politician, or led a life of exceptional monotony.

The only relation this incident has to a history of the Homeopathic Medical Society of Ohio is, that it forms an introduction; a sort of a cocktail to the ensuing repast.

This society was conceived in 1851. Quickening occurred in 1854, but it was not born until 1864.

Responding to a call issued by Dr. Cropper of Cincinnati, in May, 1851, twenty-eight physicians met in Columbus the following September and organized a society under the name, "The Ohio College of Homeopathic Physicians," with Dr. A. O. Blair of Newark, as President. A two days' session was held, reported to have been "full of interest and

enthusiasm." No reports of the meetings of 1852 and 53 are available. In 1854 a few physicians met in Columbus, which had been chosen as the permanent place of meeting. Not a physician from Cincinnati, Cleveland, or Dayton, was present. One day's session exhausted the enthusiasm of that occasion. There were no more meetings for ten years.

In 1864, President Blair called a meeting in Columbus, for the purpose of forming a new society. This meeting was held in October. A Constitution and By-Laws were adopted, and the name: "The Homeopathic Medical Society of Ohio" selected. Thirty-five physicians were elected to membership. That meeting was held in the Neil House.

The first annual meeting of this Society was held in Columbus, June 13, 1865. Twenty-eight new members were elected. The proceedings of that meeting constitute the first volume published by the society. This publication could not have been very expensive, for the Treasurer's report at the following meeting has the item: "Received from Dr. W. Webster for 50 copies of the proceedings, \$5.00"

There have been 410 members in the Society. Of these 100 have died, leaving at the present time 310.

Ohio has long been known as the home of United States Presidents. She can also lay claim to being the home of American Institute Presidents. During the last 54 years she has furnished eight Presidents. It may be of interest to mention them in the order of succession:

E. C. Witherell, 1860; D. H. Beckwith, 1871; T. P. Wilson, 1872; J. C. Sanders, 1884; J. D. Buck, 1890; Chas. E. Walton, 1900; J. C. Wood, 1902; Gaius J. Jones, 1910. She still stands ready to furnish subsequent Presidents on short notice, her supply of material is unlimited. With the exception of Dr. Witherell each of the above mentioned had been President of this Society.

It is not the purpose of this brief history to give the biography of its prominent members. That was done long ago by our ancient and accepted Necrologist, Dr. D. H. Beckwith, in a "History of Homeopathy in the State of

Ohio," and in the four-volume "History of Homeopathy in America," published a few years ago. It is pertinent, however, to speak of the relation of the Society to the physicians of the State. Much attention has been given of late to efficiency as applied to manufacturing, commercial, educational and governmental matters. The object is to produce the best results from the energy employed. To curtail wasted time, money and energy. Organization is the watch-word; standardization and conservation of energy produce the results. What does this have to do with a Medical Society? By organization the machinery of operation is made effective; concerted action secured, questions of vital importance to the profession can be considered. This is what our Society has been doing for 50 years. The entire profession of the State has received the benefit of its operations. Their interests have been conserved, and their rights safe-guarded. Yet a large number of the doctors in the State have contributed nothing to the support of the Society. They are very willing to profit by its efforts, but do nothing to sustain it. The ground-hog doctor unlike his prototype, does not even come out to cast his shadow. He seems to have seen it once and now lives in perpetual fear that he may see it again. Shadowphobia easily passes into the chronic stage and becomes perpetual. However, the fact that one-third of the profession in the State are members of the Society is not such a poor showing when we consider that many of the two-thirds are superannuated for Society work, and the infra-annuated may some time reach maturity. There is always hope for those who do not have a CAPONIZED intellect.

The Homeopathic Medical Society of Ohio as the parent Society of the State is proud of the existence of the various sectional societies which are doing much to stimulate the practice of Homeopathy; a system of medicine which, as the exponent of the science of therapeutics, has a much wider field of activity than if it were confined to the therapeutics of science.

It is to be hoped that this golden anniversary, with its suggestive reminiscences of the work done by our professional ancestors, will call forth renewed enthusiasm in the work which is the cause of our Society existence.

TUESDAY, 10:30 A. M.

Dr. Siemon: The time has arrived for the announcement of the election of officers. There were no contending candidates for the various offices. I will read the following ticket:

Official Ballot, Officers 1914-15.

President—R. O. Keiser, Columbus.
First Vice-President—I. O. Denman, Toledo.
Second Vice-President—Gertrude K. Meck, Cleveland.
Secretary—J. G. Keiser, Columbus.
Treasurer—T. T. Church, Salem.
Necrologist—H. E. Beebe, Sidney.

Censors.

D. L. Mohn, Chairman, Ashland.
Josephine M. Danforth, Cleveland.
J. R. McCleary, Cincinnati.
J. B. McBride, Zanesville.
J. W. Means, Troy.
J. M. Wine, Dayton.
F. D. Smith, Cuyahoga Falls.

SUPERVISORS OF ELECTION.

Dr. Siemon: I move you, Mr. President, that the Chairman of the Surgical Section, be empowered to cast the ballot of the Society for the candidates.

Dr. Staples: Seconded.

President Webster: It has been moved and seconded that the Chairman of the Surgical Section be empowered to cast the ballot of the Society for the candidates named.

Those in favor signify by the usual sign. Contrary the same. Dr. Ginn, will you cast the ballot?

Dr. Ginn: The vote is cast. The deed is done.

President Webster: I want to say that we owe a great deal of the success of this Society to the very efficient work done by the Secretary, and his brother. This is our very efficient Secretary, now President-elect, Dr. Keiser.

Dr. R. O. Keiser: Mr. President, Members of the Society, I certainly thank you for the honor conferred upon me, in electing me as your leader for the next year. It was with some hesitancy that I consented to accept this office. I realize that in the next year, or next couple of years, it is going to require much effort to keep things going as they have been in the past, and my only hope is that I may be able to continue to do the work as well in the future as my predecessors have in the past. I thank you.

President Webster: I just want to ask the Society for a standing vote, that they will stand with the President during the coming year.

I thank you.

Dr. McCann has something to say to you.

Dr. McCann: Ladies and Gentlemen: There has been a good deal of dissatisfaction apparent among the Doctors over the State, with the workings of the Ohio Industrial Commission, in the matter of fees. A Committee was appointed by the Governor a few days ago to meet with that Commission. That Committee met with the Commission at the time of the meeting of the Ohio State Medical Association. We have with us this morning Dr. Upham, President of the Ohio State Medical Association, who has some-

thing to say to us in regard to this matter, and probably something this Society will want to take some action on later.

Dr. Upham: Mr. President, Members of the Homeopathic Society of Ohio: It gives me great pleasure to appear before you this morning, and extend you greetings from the Ohio State Medical Association. I take it that we are both interested in the same things. Our work is entirely along similar lines. We are particularly interested in maintaining the honor and integrity of our profession. There is one subject, as Dr. McCann has said, that has caused a lot of discussion in the last year, and that is, the work of the Industrial Commission. Now this new law is a very great step in advance. Without any question it is a progressive measure, it is something that is bound to come; it is a step, probably, toward State medicine; something that is inevitable, and it will be very much better for us if we can in some way guide that work rather than stand in opposition to it. We cannot stop its progress, and therefore, I feel that it is wise if we can in some way guide it.

I may say that I have talked this matter over with Dr. H. C. Brown, President of the National Dental Association, and we went together to see Governor Cox some six weeks ago. It has been announced in the papers that there was going to be an elevation in the fees of the Industrial Commission, that they were going to reduce the costs to the industrial concerns, that they were going to increase the rewards to the injured employees, but absolutely nothing was said about the doctor, nothing about increasing the fees of the physician. We felt that if these different matters were under consideration, that it was very fitting that the physicians concerned should receive some consideration. So we asked the Governor if he would not appoint a representative Committee, representing the medical profession of Ohio, to confer with the Industrial Commission, to present the claims of the medical profession to this Commission, to show that we feel that the measure is a

progressive one, and that we wish to co-operate in every way possible with the smooth workings of this law. The Governor took a very favorable view of the matter, and issued a call for representative members of the profession, Dr. McCann representing your branch, to meet with the Industrial Commission last week for a preliminary hearing. This matter was presented to our association, and it was recommended that a Committee be appointed to follow the matter up, so as to remove if possible the difficulties in the satisfactory working out of this law.

You have, probably all of you, or some of you at least, felt a sense of injustice at some time, and unquestionably there have been injustices in some instances, but the general trend of the law is a good one, and the provisions of the law are undoubtedly better than those of any industrial law in any other state at the present time. It is more favorable to the medical profession. I can say that because I have investigated this matter carefully. Therefore, it is up to us to endeavor in some way or other to smooth out some of these apparent difficulties, and remove injustices wherever committed. So we feel we would like very much to have the co-operation of this Society by appointing a Committee, the details can be worked out later, but as has been suggested, a fairly large representative Committee, to have general charge of this subject, a Committee to represent the entire state geographically, and then have probably a small Executive Committee, that may be situated close around the Capitol, to take up various phases of the situation immediately as they arise. Individual cases have been cited where men have not presented the facts, or have not given the necessary details in treating a case, and where their bills have been slashed. At times when these instances have been brought to the attention of the Commission showing that injustices have been done, allowances have been made, but different members of the profession when receiving the allowance they simply sit down, they get mad, but refuse to bother any further with it. We

feel that if a Committee could take up the matter of complaints from physicians, investigate them, they could be presented in a more forcible way to the Commission than the physician could do. If on the other hand the Committee would find that there is no merit in the case presented, that overcharges were perhaps made, then a Board of this sort could explain the matter to the physician, and ask him to reconsider his statement, and the physician receiving the request from a body of similar physicians, would, I think, accept the situation better than if it came from the Industrial Commission, which has not time to explain the situation, or go into detail as gently possibly as they might under other circumstances. Some of our members feel that the State can afford to pay anything. They do not realize the humanitarian principles involved. The State in making certain provisions and sacrifices and calls upon the physician in a good many instances to make certain sacrifices. There is no question but what if we consider the average rates charged to the average working man, we will find that the average returns are not so far below what they would be if we simply made the charge direct to the patient.

So, I would respectfully present to you an invitation to appoint a Committee to co-operate with our branch of the profession, to take this matter under advisement, and try to work out to our mutual satisfaction, and the satisfaction of the State, a better working plan for the Industrial Commission.

Dr. Wiggers: I am very glad that there is going to be a reform of some kind in this industrial work. I have had the misfortune of having to handle a half dozen or more cases during this last year. I must say that they have been very unsatisfactory. In one case a man had had his fingers taken off. I sent the bill according to schedule. It came back reduced a half or one-third. Just recently had a boy with a broken wrist. I used the X-ray, set the fracture, then put on a splint, which cost me about a dol-

lar, then applied bandage and adhesive plaster. The boy returned for dressings seven times in the course of four weeks. The bill was sent for \$24.00. They returned a check for \$14.00. I sent the check to the Board, stating that they had evidently not taken into consideration that I had paid five dollars for an X-ray picture, and two dollars for the splint and dressings, which would allow me seven dollars for the handling of this case of fracture. It is utterly impossible for a man to handle a case of fracture of the wrist for seven dollars, a case in which a man is liable for malpractice suits many times. The Board said they would send me an additional check for three dollars, and then if I would send them a skiagraph of the picture they would give me an additional five dollars. Ordinarily I would not accept such a price for fracture of the wrist. There are a number of physicians who absolutely refuse to take these industrial cases because they do not pay enough.

Dr. Studebaker: I think we are all interested in humanity, and interested in ourselves personally, and I believe we all feel that we should thank Dr. Upham for his personal interest in presenting this matter to us. I move you, Mr. Chairman, that the Chairman of this Society, in connection with the Executive Committee, take steps to formulate whatever plans may seem good and advisable in this matter.

Dr. McCann: Before that is seconded, there ought to be some immediate action taken in this matter; I move you, Mr. Chairman, that this matter be referred to the Executive Committee, with orders to report at the afternoon session.

Dr. Siemon: Seconded.

Dr. Webster: It has been moved and seconded that this matter be referred to the Executive Committee to re-

port at the afternoon session. Those in favor signify by the usual sign. Contrary the same.

It is so ordered.

TUESDAY—1:30 P. M.

Meeting called to order by President Webster.

President Webster: We will now hear the report of the Auditing Committee.

REPORT OF AUDITING COMMITTEE

We, the members of the Auditing Committee have examined the books of our Treasurer, Dr. Church, and find them correct. We also commend him for his accuracy and carefulness in looking after the financial end of our society.

J. M. WINE

JAS. W. OVERPECK

S. R. GEISER.

Dr. Phillips: I move that the report be accepted.

Dr. Studebaker: Seconded.

President Webster: You have heard the motion. Those in favor signify by the usual sign. Contrary the same. It is so ordered.

We will now hear the report of the State Board of Examination and Registration.

Dr. McCann: Mr. President, Inasmuch as the State Medical Society has heard from me twice in the report of the work of this Board, I have delegated the report to a younger man who has not yet been heard from in that capacity, Dr. Siemon.

Dr. Siemon: The facts are, Mr. Chairman, Dr. McCann told me the reason he could not give the report was that he had yelled so much lately at a horse race, for a horse that didn't win, that he did not feel he could reach everybody in the house.

There is not a great deal to be said on the question, but when he asked me to address you on the subject, I made up my mind that it might perhaps be in order to call your attention to a few fundamental things in connection with the Board, of interest to the Homeopathic profession in particular, and the medical profession generally.

First, the question of harmony in the Board. Of course it is taken for granted that the various Governors of this State always appoint natural born or acquired diplomats to fill places on that Board, and the recent Governor of Ohio has made no exceptions to the general rule, which might, in a measure at least, account for the harmony that exists in Columbus in questions concerning the State Medical Board.

However, the question of the composition of Medical Boards is one that has agitated the various states of this nation, and is still agitating the various states of this nation, and from my observation of the workings of the Ohio Board, I give it to you as my opinion, that no state will solve the problem of a State Medical Board that does not recognize completely every one of the so-called medical schools that practices within its confines. A satisfactory Medical Board is one that will allow no one school of medicine to hold a majority of its membership, but recognizes every school. Some states have tried the example, for instance, of having one lone Homeopath on the Board, and I am free to say to you that in every one of these cases the interests of the Homeopathic profession have not been properly safe-guarded, nor have the interests of the Homeopathic school ever been properly recognized by those Boards. Not every state in the Union is as strong as Ohio in respect to their ability to force on the legislature recog-

niton of so-called non-controlling members in the makeup of a Board, and I am free to say to you that Ohio presents the unique illustration of a Board made up of different schools of medicine, on which no one school has a majority, and every element of which works in complete harmony with every other element for the benefit of the medical profession as a whole.

Next in order, after the question of harmony, is the question of efficiency. Now some years ago the notion was current among recent graduates that the State Medical Board, as a rule, was composed of rather agreeable old fossils, who went to the various text books and got therefrom material for an examination, giving questions on subjects which they themselves did not understand properly. If there are any such persons today, who still have such notions concerning the Board in Ohio, I should be pleased to have them present themselves in Columbus next month and take the examination under the various members of the Ohio State Board. As a matter of fact, the disposition of the various Boards in the progressive states in this country today, is to check up by their examinations, both written and practical, the medical colleges of the country, and in a measure by the answers, both oral and written, which they receive from the candidates for licenses, they know whether those colleges are giving up-to-date, proper instruction or not. I would not pretend to say that every member of these progressive boards is thoroughly qualified to carry on the different lines of test that have been inaugurated, but I do say that they have the proper sense to pick such capable and skilled assistants as make these examinations a real test of the efficiency of the college to teach in the first place, and the ability of the students to acquire in the second place.

Now the next question is one of diligence. Last year I gave up to the State of Ohio twenty-three days of my time, for which it compensated me at the rate of compensation which you ordinarily expect a politician of the third grade

to get, hardly justifying the accusation, therefore, that some people have made that we who were on the board were there for the emolument connected therewith. The attendance of the Ohio Board, at which all questions are to be considered, is the best answer as to its diligence. Not so many years ago, in the State of Ohio, the membership of the various Boards of administration did not by any means carry with it service in those Boards. The Governor of this State, the Governor who preceded, and the present Governor, have made a point of inquiry into the attendance of the various members on the various Boards as one of business of the State, and I believe that no other Board in the State of Ohio, with interests as diverse, and of such peculiar character, can show a higher per cent. of attendance than the State Medical Board, and no other school on that Board has been so regularly represented as the Homeopathic School.

Now then, as to the matter of progress. There are some men present today who took their examination before the Board of this State at a time when nothing but written examinations were the rule. Everybody present knows the absolute futility of trying to find out how much a man knows by any examination lasting two or three days, which is supposed to cover the work which he took in three or four years. Ohio is one of the first states to adopt what is known as practical examinations, and today no man receives a license in this State who has not demonstrated, before men competent to determine, his ability to pass what is known as the practical test. He must show proficiency in diagnosing cases of indefinite and peculiar character, and the proper handling of cases, the correctness of diagnosis, and technique of his work in the laboratory, on this to a large extent, depends his ability to pass the Board.

Governor Cox, at the banquet last night, took occasion to compliment the Medical Board of the State of Ohio on the work it is doing, and I trust you will not think

it immodest of me to call your attention to that fact. Even though I am a member of that Board he probably did not know I was there, and I doubt when I did present myself to him he even remembered that I belonged to the Board.

The facts are, that the State Medical Board has a two-fold object and purpose: first, as to passing on the qualifications of recent graduates, and that takes up a good deal of time. As far as you and others are concerned, however, the most important function of the State Medical Board is not in finding whether this or that man has been properly trained who was recently graduated, but to conserve, look after, and care for the interests of the medical men and women throughout the State. It is surprising how many men and women lapse from the moral standard set for their conduct. It is surprising how many men and women are found guilty, not only of technical, but actual violations of the law. If anybody had told me that men and women of undoubted respectability and ability, would be called before us in question, I would have said it was impossible. The grade and character of the men and women brought before us is astounding, sometimes for infractions of the so-called medical practice act.

We are in receipt weekly, of letters, anonymous mostly, sometimes signed but saying "do not use my name in connection with this. I have no desire to raise trouble in my own town, but this man is no good. He is doing an indiscriminate abortion business, or he is carrying on with other men's wives, etc., etc." Then, because we do not take away the man's license because of this, they think the Medical Board is negligent in respect to its duties. The State Medical Board of Ohio works on this basis in the treatment of these members of the profession. You are members of our family, we regard you as colleagues in the practice of medicine. As with children, so with men. There are good men and bad men, good children and bad children. Many of these doctors are not habitual criminals, nor born criminals, but some from infirmity, and some from poverty

have been compelled to descend to levels you and I would scorn to descend to. In every instance in which we have to deal with these men we try to inject into our treatment of the problem, the same broad general spirit that we would if we were dealing with you or any other member. We want you to feel free to come to us, and talk over these matters; we want you to feel that you are really saying something about some member of your own family, and when you come to us, you are going to be received as a child would be by an older brother or guardian. It is not our disposition to punish any man, no matter how offensive his conduct has been, but only on the habitual offender, lost to all sense of reason and decency, do we ever inflict the strong hand of the law. If there is any class of men and women under the sun that ought to clean house, it is the medical profession. The State is overrun with quacks, and in some cases respectable men and women, who would scorn to be called quacks, assist in the prolongation and existence of improper practices. To illustrate, certain physicians in large cities, are in the habit of being consulted by midwives. I assure you they are very respectable men, but they have been known to repeatedly sign birth certificates for births conducted entirely under the auspices of a so-called midwife, the doctor having never seen the case. Then there are some physicians in this State who are subsidized by the Christian Scientists, and write death certificates when patients die. They do not think it improper to take money from these people under those circumstances. Now, if they belong to Societies in this State and other States, you can hardly blame men and women, whose morals were never very high to begin with, for doing a little quackery on the side. Exemplify in your community what is known as the standard of ethics, by so acting it will help to leaven the lump, and you will lessen the number of cases that come before the Board for settlement.

Dr. McCann: Mr. Chairman, I feel that there is one word that the Ohio Medical Board ought to say, that Dr.

Siemon did not mention, and that is the absolute co-operation that we have had from our Governor. It has been so complete, and so satisfactory, that not to say it here in the presence of those from different parts of the State of Ohio, would be an oversight. I do feel that if there ever was a Governor of Ohio that the practitioner of medicine ought to support, it is Jim Cox. We have never gone to him with a complaint of any kind that we have not found an open hand and an open ear, and a glad reception. This was not so true of his predecessor, though I used to think our Cincinnati friend was quite a man. There is no piece of legislation that has ever been asked of the State of Ohio, since Jim Cox became Governor, that has not been handled personally by him, and if we have not the medical laws in the State of Ohio that we wish for this year, it is absolutely the fault of the profession and not the Governor. I do not say that because I have been chiefly voting the Democratic ticket, everybody has forgotten about politics these days, but because of the absolute satisfaction that Jim Cox has given to the medical profession in every respect, not only as regards the Medical Board, and medical laws, but our present attempt to institute a medical department connected with the State University. I think this matter ought to have the personal attention at the hands of every medical practitioner in the State of Ohio this fall.

Dr. Studebaker: I am a Progressive, not a Democrat, but, Mr. Chairman, I want to make this motion: That the Homeopathic Medical Society of Ohio extend to Governor Cox their sense of gratification for his solicitude, suggestions, and warm co-operation that he has given to the medical fraternity of the State of Ohio.

Dr. Siemon: Seconded.

President Webster: You have heard the motion made and seconded. Those in favor signify by the usual sign. Contrary, the same. It is so ordered.

Dr. Baxter: I desire to make this motion: I move that the President appoint a Committee of three to take into consideration the establishment and publication of a Journal, to be the official Journal of this Society. This committee to report at the next meeting of this Society, a year hence.

President Webster: It has been moved and seconded that the President appoint a committee of three to take into consideration the establishment and publication of a Journal, to be the official Journal of the Society. This committee to report at the next meeting of this Society, a year hence. Those in favor signify by the usual sign. Contrary, the same. It is so ordered.

I will appoint on this Committee, Drs. H. H. Baxter of Cleveland, H. F. Staples of Cleveland and J. Richey Horner, of Cleveland.

I will appoint as a Committee to look after a new Materia Medica—

Drs. J. E. Rowland of Cleveland, C. A. Schulze of Columbus, and S. R. Geiser of Cincinnati.

While I am on my feet, Ladies and Gentlemen, I want to thank the Society for their very hearty co-operation in the work of this year's meeting. I have heard it said by a number of the members, that this is one of the best meetings we ever had. The thanks are due to the Chairmen of the different Bureaus, those who assisted them, and to our very efficient Secretary and his brother. I thank you.

Dr. Lincoln Phillips: I move that a vote of thanks be extended to the profession of Columbus for the splendid entertainment given us.

Dr. Harding: Seconded.

President Webster: It has been moved and seconded that a vote of thanks be extended to the profession of Columbus for entertainment given us. Those

in favor signify by the usual sign. Contrary, the same. It is so ordered.

Dr. Harding: I have a resolution I would like to offer: Resolved by the Homeopathic Medical Society of Ohio, that the Governor recommended to the State Legislature that one of the State institutions for the insane be cared for by the Homeopathic profession.

President Webster: This resolution will be referred to the Executive Committee.

Dr. Keiser read telegrams from Harry B. Simmons and Dr. Byron E. Miller; also a telegram from President of the Eclectic Society.

Dr. Baxter: I move that the Secretary be instructed to send suitable replies to these telegrams.

Seconded.

President Webster: It has been moved and seconded that the Secretary be instructed to send suitable replies to the telegrams read. Those in favor, signify by the usual sign. Contrary, the same. It is so ordered.

The next order of business is the selection of a meeting place for next year.

Dr. Keiser: We have here a cordial invitation from the Toledo profession:

"To the Members of the Ohio Homeopathic Society:

The physicians of Toledo cordially invite this Society to convene at our City in 1915.

Respectfully
(signed) W. A. HUMPHREY
I. O. DENMAN."

Dr. Siemon: I move you, Mr. Chairman, that the next meeting be held in Toledo.

Dr. Harding: Seconded.

President Webster: It has been moved and seconded that the next meeting of this Society, to be held May 11th and 12th, of 1915, convene in Toledo. Those in favor, signify by the usual sign. Contrary, the same.

We will meet in Toledo in 1915.

We will now hear a report from the Executive Committee.

Dr. Silbernagel: "We, the Executive Committee, of the Ohio Homeopathic Medical Society, recommend that a committee be appointed from the Society to confer with a Committee from the State Medical Society, to meet with the Industrial Commission of Ohio. We recommend that this committee be appointed by the President. Dr. Webster has appointed Dr. W. B. Carpenter, of Columbus; Dr. W. H. Phillips, of Cleveland, Dr. W. A. Humphrey, of Toledo, Dr. H. H. Wiggers, of Cincinnati, Dr. T. A. McCann, of Dayton.

Regarding the matter of the communication from the Connecticut Society, regarding the establishment of a College of Surgeons of the A. I. H., and also regarding the communication to appoint a commission to examine the rating of medical colleges of this country, the Homeopathic Colleges, we recommend that they be referred to the Council of Medical Education of the American Institute of Homeopathy.

As to this communication regarding Medical reciprocity, your Committee offers the following resolution: Resolved that the Ohio State Homeopathic Society is in favor of medical interstate reciprocity, and the Committee on

Legislation is instructed to do all in its power to accomplish the same.

President Webster: What shall be done with this report?

Dr. Studebaker: I move that it be received and carried out.

Seconded.

You have heard the motion made and seconded. Those in favor, signify by the usual sign. Contrary, the same. It is so ordered.

Dr. Silbernagel: I have another report. The Executive Committee desires to recommend that the second paragraph of the second section of the By-laws be amended to read as follows:

Insert "who locate in Ohio."

Dr. Lincoln Phillips: I move that this change in the By-laws be made.

Seconded.

President Webster: You have heard the motion made and seconded. Those in favor, signify by the usual sign. Contrary, the same.

The By-laws are ordered to be so changed.

Dr. Silbernagel: In regard to Dr. Harding's resolution, the Executive Committee recommends its adoption.

Dr. Lincoln Phillips: I move that the resolution presented by Dr. Harding be adopted.

Seconded.

President Webster: You have heard the motion made and seconded, that the resolution presented by Dr. Harding be adopted. Those in favor signify by the usual sign. Contrary, the same.

It is ordered adopted.

I now declare this Convention closed.



BUREAU REPORTS

BUREAU OF SPECIAL BRANCHES

- I. O. Denman, M. D., Chairman Toledo
J. R. McCleary, M. D. Cincinnati
 "Acute and Chronic Catarrhal Rhinitis."
C. D. Collins, M. D. Chicago, Ill.
 "Facts in Dermatology Which Every Physician
 Should Know."
Chas. F. F. Campbell Executive Secretary,
 Ohio Commission for Blind
Marian Campbell Field Secretary,
 Ohio Commission for Blind
 "Blindness and Its Prevention."

ACUTE AND CHRONIC CATARRHAL RHINITIS.

J. R. McCleary, M. D., Cincinnati, Ohio.

The most common thing we have to contend with is the nasal cold, or the so-called cold in the head. You all recognize the symptoms as the patient explains them, but we must be more particular in recognizing this catarrhal inflammatory process involving the nasal mucosa with its accumulation of lymphocytes in the tissue surrounding the blood vessels. This condition accounts for the copious exudate which characterises the disease at times and we will even find the congestion so severe as to often produce some incapillary rupture.

Pertaining to the probable bacterial origin of intra-nasal conditions, aside from the air-borne organisms with which the vibrissae are contaminated, the predominating germs found are the diphtheria bacillus, the influenza bacil-

lus, the micrococcus catharrhalis, the pneumococcus and Friedlander's bacillus.

In suppuration of the accessory nasal cavities, this bacteriological condition varies and the streptococcus and staphylococcus still are quite prominent. I mention the bacterial origin as it is an active and interesting study with the rhinologist today. Inasmuch as the subject calls for acute and catarrhal rhinitis, I will speak of the acute rhinitis first. This is a simple condition which is so often neglected, and is the cause of many severe attacks to the accessory sinuses where the expense of suffering is entirely too severe in balancing either the patient's or Doctor's neglect to check or abort the primary attacks.

It is doubtful whether micro-organisms alone ever primarily gave rise to simple acute catarrhal rhinitis. I believe it is still a disputed point whether such etiological factors as exhaustion, constitutional disorders, heredity, bad hygiene, etc., may excite an attack without the influence of micro-organisms.

Frequent attacks during childhood signify the presence of hypertrophic lymphoid tissue in the nasal pharynx. As you are well acquainted with the pathology of these conditions it would be useless to tarry here.

But I want to comment upon recognizing the acute symptoms as they are ushered in, for upon that quick diagnosis depends your homeopathic prescription. But that is not all. It is up to you to not only protect the patient, but to advise him in his actions about diet, baths, drafts, air for sleeping room, protection from dampness, dressing warm, the patient to bed, or any such advice as will help to promote or sustain the body resistance during the attack.

It is also your duty to see that these patients are given local nasal treatment which mitigates its severity, lessens its duration and almost surely guarantees immunity from troublesome and many times severe and serious complications. Unfortunately the laity knows that the disease is self-limited and that in many of the cases serious

complications do not occur, and they will take risks by attending their usual duties. Those susceptible cases who are prone to prolonged complications are the ones willing to submit to the necessary restrictions, treatments and medication.

Regardless of how light the attack may be at the onset if you can induce the patient to remain in the house, or if the attack is heavier, to stay in bed for two or three days and hasten the proper internal homeopathic medication you will be surprised yourself how efficiently and quickly the results of this drug action is procured by placing the patient at rest, and especially keeping the nasal air passages cleansed, and that means prevention of complications.

For temporary relief of turgescence of the mucous membrane, I would suggest applying, preferably by cotton applicators, a solution of adrenalin chloride, one to five thousand, said solution being made up with the normal saline solution. And right here I mean chemically pure sodium chloride, and not table salt. If it is impossible to use cotton carriers, in applying this solution to the mucous membrane, then I would advise spraying the mucous membrane with the solution. The most particular point is the advantage gained by the complete and thorough washing out with an alkaline solution, at frequent intervals, of the pent up secretions, which undoubtedly carries away a preponderance of micro-organisms.

In simple chronic rhinitis you readily understand that this is a non-specific inflammation of the tissues of the nasal cavity without new organization. The result of many recurrent uncured attacks, irregardless of the different predisposing causes.

The treatment in this condition, as in all forms of nasal catarrh, is to keep the mucous membranes clean. Cleanliness first, last and always. Constitutionally, I feel I can't urge you too strongly to advise your patients in dietetic and hygienic assistances, for without these sanitary, dietetic and hygienic accessories, your indicated homeo-

pathic drug will fail to produce that clever amelioration during convalescence that patients are beginning to find under the careful treatment of any up to date physician.

Your homeopathic prescription places you in a class of materia medica specialists to start with, and if you utilize these good common sense accessories just mentioned you will yourself become alarmingly surprised as you watch the excellent results.

Besides the simple chronic catarrhal rhinitis cases, there is another class of chronic conditions that is the result of some mechanical disturbance.

Deformities of the nasal septum.

Hypertrophy of the inferior, middle, or superior turbinates. In fact all forms of growths that interfere with the easy function of this cavity. The infringement upon the function, or the slight constant traumatism that is instituted by these enlargements produces what I would call a typical mechanical catarrhal rhinitis.

These growths must be removed before you can restore anything like a normal function. That obstructing pressure produces such a weak condition in the nasal cavity that there is a constant discharge or running of the nasal cavity, which sanitary science and the medication will not eliminate. They remind you so much of the condition found in children, when there is a total or almost total occlusion of the breathing capacity through the posterior nasal cavity, and just as soon as the adenoids are removed, this so-called or seeming heavy catarrhal condition is easily cleaned up.

So it is with the removal of these foreign conditions, whether they be tumors, hypertrophies or deformities. Restoring them to normal, or to the nearest normal point will easily clean up this field and as soon as the passage is open for free breathing, these membranes grow strong and rugged and are easily relieved of the delicate climatic influences that they have been subject to heretofore.

DISCUSSION.

Dr. W. H. Phillips, Cleveland: Dr. McCleary has left very little for any one to say in reference to acute or sub-acute catarrhal rhinitis, but there is one thing that I have been using with some satisfaction. It may be that it is familiar to most of you, but Dr. McCleary did not mention it, and that is the use of argyrol locally. A great many who use the argyrol apply it, rubbing it into the mucous membrane. As a rule it is used this way in the nose, especially in the acute condition. If, however, you use the method described by Dowling sometime ago, for use in suppurative conditions of the sinews, etc., applying it on tampons in the nasal cavity, and leaving it there for ten or fifteen minutes, you will get an astringent effect which lasts for a long time, and besides that you get the antiseptic effect. If that is repeated daily for four or five applications, you will find that the most severe acute conditions are readily controlled, and not only that but the middle ear complications, and the laryngeal complications, so prone to follow acute conditions, are forestalled.

Dr. I. O. Denman, Toledo: I would like to say a word in regard to the treatment outlined by Dr. Phillips, and differ slightly from one of my colleague's recommendations in the use of adrenalin. I have been condemning its use in any strength, or combined with any agent in the early stages, for the simple reason that it is an astringent. In the nasal mucosa we find an engorgement of the mucous glands. They are loaded with mucus, and stimulated by an excess circulation to the point. While an astringent will temporarily give the patient relief by shrinking the membranes and giving more breathing space, there is inevitably a reaction therefrom in the course of two or three hours, or one hour, when the patient finds himself more uncomfortable than in the beginning. It is true that the weaker solution, combined with the normal salt, has less of this effect than the normal solution. I find, however, that the patient at this stage receives more permanent relief from the application of tampons with some alkaline solution, like glycothymoline, which will favor drainage from the mucous glands instead of shutting them up.

I find, too, that the use of argyrol, while I have nothing but the highest praise for it, is more serviceable in the

sub-acute stage of cold. The treatment just outlined is in the acute stage, within the first twenty-four hours, or the second twenty-four hours, but at the end of the second day or the third day the use of the argyrol is something that will be of benefit, and if you have not tried it you have no idea of how much benefit it is, not only to the nasal cavity, but to the sinuses entire. I use it in the 10 per cent solution, or forty grains to the ounce, according to the method of Dowling. I place the tampon, with a small pliable applicator, conical in shape, about two and a half or three inches long—I place this tampon well back and well up in the nose, carrying the argyrol clear to the post-nasal space. In some cases the point of the tampon can be left against the post-pharyngeal wall. In some cases the sphenoid can be drained to point to the tampon, bringing the tampon forward high in the roof of the nose, under the middle turbinate into the hiatus, where as you know the three frontal sinuses drain. Leave this in for ten or twenty minutes, or as long as drainage is free. This is most astonishing in its results, and will relieve the patient. It is soothing, and such a patient can go out in a zero temperature with no danger of taking cold. These patients go out breathing through their nose, when they came in breathing through their mouth.

Dr. Ella G. Hunt, Cincinnati: I find that personally I do not care for adrenalin. I find that some glycerine preparation, especially when given to patients between treatments, is very satisfactory. Salicylic acid with glycerine will give a longer period of free breathing than an adrenalin solution—thuja and glycerine also very good. One of my patients asked me the other day when they made the applications, why they were so much more apt to sneeze than when I gave them. I think that most of them try to place the tampon directly up instead of trying to place it back. I tell them to place the first tampon lower down, and directly toward the throat, then make the second application farther up so as to reach the middle turbinate bone. A great deal of success will follow the use of some glycerine preparation between treatments. In the office I make the stronger applications.

Dr. J. R. McCleary (closing the discussion): I am glad that Dr. Phillips and Dr. Denman brought out about the

argyrol tampons. Since the argyrol tampons have been used in these acute conditions I find that almost every specialist has practically changed his technique in treating these conditions. I mentioned the adrenalin chlorid made up with the sodium chlorid pure. So many physicians have asked me what sort of treatment they can prescribe for their patients at home. Now while the argyrol treatment is the finest treatment I know, very few physicians seem to catch the trick of putting the tampon in, and unless you get it up under the middle turbinate you do not get the quick relief that it really gives. The adrenalin chlorid made up with sodium chlorid pure, I find to have almost another chemical action. I do not know that I can explain this, but there seems to be a different action of the adrenalin chlorid made up in this way, instead of being made up with table salt. While you get its heavy effect, it is not the effect of adrenalin chlorid, but has almost another action, something similar to argyrol.

FACTS IN DERMATOLOGY WHICH EVERY PHYSICIAN SHOULD KNOW.

C. D. Collins, M. D., Chicago, Ill.

Few physicians are interested in Dermatology as a specialty, but all agree that a passing knowledge of clinical facts is important. Hence, this paper aims to deal with the practical rather than the theoretical side of the subject. Just as the correct remedy which is homeopathic to a case is found by its three characteristic clinical symptoms, and perhaps a few corroborating ones, so the diagnosis of skin diseases simmers down to a few symptoms positive in character.

Let us review the commoner diseases of the skin, and see how concisely and accurately a diagnosis can be made from a few clean-cut symptoms.

We no longer teach two hundred symptoms of eczema, which of necessity would be vague and mystifying, but a mere half-dozen, which are ever present, reliable, tangible and readable—infiltration, itching, increased redness, in-

definite border lines, oozing, scaling, crusting—constitute eczema. Four or more of these symptoms are present in every case. Eczema never ulcerates and never scars, heals by absorption, and leaves a temporary pigment.

Eczema is the greatest of all skin diseases. It is found all over the world, in every clime, in every people, at every age, in every walk of life, on every portion of the body, and during every season of the year. Wherever found its symptoms are the same.

Acne is known by four symptoms, as unfailing as mathematics:

Comedone,
Inflammatory papules,
Pustules,
Scars.

Always in this order and in no other. Acne is not so much the product of adolescence, as of diet and nerves. Remember, that an intractable and persistent acne points the finger of suspicion strongly towards incipient tuberculosis.

Psoriasis is known by its ever present round papule. It begins as a papule, runs its course as a papular disease, terminates by absorption of the papule, and is never transformed into any other lesion. Upon this papule will always be found dry, pearly, abundant scales. Absence of pus, absence of ulcer, absence of scar, confirm the diagnosis.

Lichen planus is a neurotic disease with a papule which is unmistakable, having the following characteristics. It is the hardest papule known in Dermatology, rectangular in outline, arranged in rows with lines or furrows between. It has small calloused scales and assumes the color of the lilac. Upon this characteristic papule alone hinges the diagnosis. Lichen begins as a papule, continues as a papular disease and never changes into any other lesion. Should the buccal mucous membranes become involved, it corroborates the diagnosis.

Lupus Vulgaris is characterized by the softest papule in Dermatology. The disease begins as one or more pap-

ules or infiltration nodules, having its inception in youth, runs a chronic course and terminates in ulceration. New papules occur at the margin of the ulcer, which in time progressively break down. Frequently three stages of the disease may be seen in one and the same case, the advance pathology being that of papules followed by ulcers and trailing after this, scars.

Epithelioma is known by its hard, waxy papule, circular in outline with definite and abrupt margins with a central breaking down. These lesions frequently resemble volcanic craters with papules at the margin and destruction going on in the center. Advanced age and a previous history of injury or warty growth at the site of the lesion corroborate the diagnosis.

Dermatitis is known by its sudden onset, its edema rather than infiltration, pain rather than itching, swelling and heat in the local parts and a rise in bodily temperature. There are as many varieties of dermatitis as there are variety of causes, each having a few characteristics of its own. Generalized, dermatitis is due to some central disturbing cause, while, localized, dermatitis would bespeak a local cause. Dermatitis has the peculiar characteristic of spreading from part to part, creeping along the skin like a prairie fire, or, at times, involving some remote portion of the body through sympathetic reflex.

Erysipelas is one form of dermatitis due to streptococci invasion, having violent symptoms, sudden in onset, beginning at a point and spreading peripherally, the border line being definitely marked. The ever present redness, thickening of the skin, swelling, hardness, as well as rising temperature, both locally and constitutionally, are typical of this disease.

Pruritis is itching without pathology—in other words, neurosis with central disturbance, causing great peripheral irritation, and yet no pathology exists in the skin until traumatized by scratching.

Practically all itching is produced by one of three things—trophoneurosis, pressure on the peripheral nerve endings, or the invasion of parasites.

Dermatology is an accurate science, each disease having its peculiarities, and each particular lesion having a significance of its own, which, when understood, is unmistakable. Thinking teachers of today no longer tell their classes that a given case is eczema because it looks like it, but it is eczema because of definite well-understood symptoms.

Superficially observed, all skin diseases look alike, but a minute scrutiny reveals they are entirely different.

Barring out infections and ringworm, all other skin diseases manifest themselves by one of nine lesions, known as primary lesions of the skin—macules, erythema, wheels, papules, tubercles, tumors, vesicles, bullae, pustules. A study of these elementary lesions assists materially in classifying the disease from a purely pathological standpoint and errors in diagnosis can seldom be made.

Let it be well understood that skin diseases are mere symptoms of some constitutional disturbance—malnutrition, indigestion, errors of diet, imperfect elimination, auto-intoxication or the product of some inherent taint.

Consequently the treatment is internal, together with proper hygiene, so that local applications are secondary in importance.

External infections—ringworms and parasites—do not necessarily come under this head.

Something to relieve the itching, something to render the parts aseptic and to protect the sensitive skin are the three main things to be accomplished by local applications.

Moist surfaces, open ulcers, vesicular, and pustular diseases of the skin require moist applications.

Dry, scaly, thickened and cracked affections require salves.

It is the observation of the writer that general itching of the skin is usually caused by auto-intoxication, intestinal

fermentation or the excessive eating of candy, sugar, coffee and the hydro-carbons.

That luetic skin diseases are best controlled by a combination of mercury treatment with salvarsan in oft-repeated alternation, and that no harm can come from eight or ten well-administered doses of neo salvarsan.

DISCUSSION.

Dr. J. M. Wine, Dayton: I would like to hear the indications for treatment, that is, when salve is indicated, and when the other treatment is indicated.

Dr. Lincoln Phillips, Cincinnati: I enjoyed the paper very much, but I do not feel competent to discuss it. I did not get to hear all of it, as there is quite a good deal of racket in the room, but what I heard of it I enjoyed very much indeed, and am only sorry that I am not able to discuss it. I will say this, that I find skin troubles are about the "ornriest" and meanest things I have to deal with in making a diagnosis, and when it comes to treatment it is much the same way. I would like to hear from some one who knows more about it.

Dr. G. W. Spencer, Cleveland: It is too bad to let such an excellent paper pass by without discussion, or at least a word of commendation. The Doctor has so covered the subject that it does not admit of discussion. He has simply stated a few of the facts that every practitioner should know, and I hope that every practitioner here will pay very close attention to them, and if they have not already written them down, will do so.

I wish to commend especially the Doctor's idea as to local treatment. I tell my students in the first place to "clean house." I presume there are a number present to-day who remember my saying that a good many times. I mean by that, clean the surface. It does not make any difference what kind of disease you have. Eczema is frequently aggravated by the water. It does not make any difference if the disease is made worse for a while—clean the surface, and put on your dressings, and let them remain there for some time. Don't fuss with them too much.

Now as to the remedies for pruritis without pathological lesion. I have had considerable experience along that line, and I find that our *Materia Medica* has been of great service, and I only want to state one or two remedies that have served better than any other.

In pruritis, due perhaps to some atrophic disturbance of the peripheral nerves, I find that the remedy *ignatia* is one of the best remedies, and gives the most universal satisfaction of any remedy. *Pulsatilla* and *hyoscyamus* have served me well.

I want to say one thing in regard to the study of skin diseases. The Doctor has made the matter so plain that it seems to me any one can understand. It is hard for many to recognize skin diseases simply because they are looking for something hard. If you will follow the simple directions which the Doctor has given in his paper, you will have no trouble in diagnosing most of the ordinary cases of skin disease that comes to you. It seems hard because we do not systematize as we do in diseases of the lungs, liver, stomach, etc. If we would systematize our examinations it would make the diagnosis very much easier.

The Doctor refers to constitutional disturbance. There is no class of diseases that man is subject to that can be caused by such a great variety of causes as skin diseases. In examining a case of skin disease, examine the patient thoroughly in every particular. If you do not begin at the bottom and make a thorough examination in every particular, not missing a single step, you are going to miss it when you come to treatment, because the cause may be very far remote.

Now I want to say one thing in closing. I am so glad the Doctor has brought his pictures, because there is no class of diseases that needs objective lessons like skin diseases. You must see them to know them, and I find that this is our great difficulty in teaching, we do not have a sufficient variety in our clinic to present to the students. However well these diseases may be described, you must see them to know them.

Dr. McBride: I would like to ask Dr. Spencer, if he limits his house-cleaning to the outside. I go inside, too, or send something in.

Dr. Reddish: I would like to have Dr. Collins give the treatment for acne.

Dr. Cooper: I simply want to ask Dr. Collins in his closing remarks to tell whether or not he is in favor at any time of oil or salves, and if so, what his base for the salve is usually composed of.

Dr. Denman: I am glad Dr. Spencer emphasized the importance of seeing these pictures which Dr. Collins will show you to-night. The Doctor has had most of these prepared in Paris, they are just new, and he will show them to you for the first time. I would therefore urge every member to be on hand promptly at eight o'clock.

Dr. C. D. Collins (closing the discussion): In answering some of these questions in reference to moist applications, dry applications, oils and salves, allow me to say, moist applications or lotions are best adapted to acute dermatitis, vesicular, and pustular surfaces and open ulcerations. These moist dressings are very many. I could not begin to tell you all. One that I use a great deal, and one that is not well understood by the profession at large, is picric acid. It is a wonderful remedy and best used in aqueous solution, 1-2000 or 1-3000. When the hands or feet are involved prepare a pailful of the remedy and immerse the parts for fifteen minutes, twice a day. It sterilizes, is slightly astringent, stimulating and far-reaching in its healing qualities.

Another lotion which is used over the face and hands of children, particularly babies, is milk of magnesia. This is a very old-fashioned remedy but will agree with any skin.

Salves and oils are frequently used in sub-acute or chronic cases. Carron oil (which is linseed oil and lime water), or olive oil to which carbolic acid is added is always a safe local application in acute and sub-acute cases. In more chronic cases, where the skin is dry, hard and cracked, the thicker preparations should be used, such as zinc oxide or Lassar's paste.

Local treatment embodies three principles: something to allay the itching, protect the sensitive parts, and render the skin aseptic.

This essay was written for the general practitioner more than for the specialist. To have gone into treatment of the various diseases would have occupied the entire afternoon.

A chosen lotion of mine for the treatment of acne, is lysol and water. Take two drops of lysol and four ounces of water, mix and use locally once a day. It sterilizes, stimulates and penetrates. Acne is a disease of the deeper layers of the skin, and requires an application that penetrates. Afterwards use some antiseptic ointment, such as Lassar's. Another lotion is composed of carbolic acid, 40 drops, salicylic acid one drachm, and alcohol 4 ozs. Paint it on once a day. If it is too sharp, omit for a couple of days and again resume it.

The use of the X-ray is very valuable. The internal remedies, such as arsenicum, nux vomica, phosphorus, phosphoric acid, lycopodium and digitalis are chief among the curative remedies as used by the essayist.

BLINDNESS AND ITS PREVENTION.

Chas. F. F. Campbell, Executive Secretary,
Ohio Commission for the Blind.

We are very glad, indeed, to be with you for a few moments, to tell you as far as we can what the Ohio Commission for the Blind is endeavoring to do. Miss Campbell is really the one that has direct charge of the sight-saving campaign, and I have no desire to take any of her thunder. One reason I come first is, that it has fallen to me in the last twelve or thirteen years, to be a forerunner.

The one thing we have been trying to do is to secure the co-operation of the general public. You cannot do anything in this world if the public is not with you, so that when this Commission was formed in 1908, the State gave us two or three thousand dollars, and for the first three or four years we spent almost every dollar in an effort to win the co-operation of the public. That was done by means of lectures largely throughout the State.

The Commission has a two-fold function: The first is, as far as possible, to prevent blindness; the second function is, as far as possible, to aid those already blind. The Commission has nothing whatever to do with the education

of blind children. Our work is with adults who lose their sight too late in life to go to the School for the Blind. The pictures will show you what we are endeavoring to do in the effort to secure the interest of the public.

NOTE:—Lantern slides, showing methods used were exhibited.

**Miss Marian Campbell, Field Secretary,
Ohio Commission for the Blind.**

I am sure the Ohio Commission for the Blind appreciates the opportunity to present to you this matter. I think in these days it is generally recognized that the social side of certain matter is as important as the medical side, and that unless there is some way of knowing what the social conditions are, the physician's time, in many instances, is practically wasted. While a large task has been assigned to the Ohio Commission for the Blind, I feel that it can only be successfully accomplished by the sympathy and co-operation of this body of men who are here today. So I speak for the Commission for the Blind, that we may, as we come to your communities, have your interest and sympathy in what we are doing and trying to do.

In looking over the field, we find that in trying to prevent blindness, our largest work will be among children. You will not misunderstand me when I say, that the babies, blind from birth, are so, because of the neglect of a physician or a midwife. We expect you to deal with the physician and bring him into line. We are trying to deal with the midwife situation. We have recently, in co-operation with the State Medical Board, been able to secure in Ohio, what is really eliminative legislation in regard to midwives. We have tried every other way, but nothing has seemed to be successful. We cannot educate her, and we must wait for those now practicing, to die, but we do not mean to add to the ranks. This amendment, as secured, means that a midwife cannot be accepted for examination unless she has received a medical education. In after years, if

we have midwives, they will be graduated nurses, who will take training as midwives. It is no hardship to attack a midwife, because, in the large centers, the physicians are all organized effectively, carrying out a dispensary service in maternity cases, this including competent nurses, who treat the mothers considerately and much more scientifically than the midwife. We are offering that work as a suggestion to the midwife.

Another feature in the prevention of blindness is found in the neglect of children's eyes in the home or school. In co-operation with the Board of Health, we have been able to secure ophthalmia neonatorum as a reportable disease. We feel that we now have machinery with which to work.

We find that a great deal of blindness results from neglect of eye conditions in schools and homes, and that is one reason why the Commission for the Blind has had so much to say to the State Board of Health. We have found in the last two years so many cases in which children have contracted trachoma in the home. These cases have been in the hands of the oculist and general practitioner, and should have been reported.

We have in Ohio now, a newly organized Board of State Charities, and the men on this Board are men who have had experience in social work, as well as some physicians. They have asked the State Commission for the Blind to work with them in securing measures for the protection of children's eyes.

Recently, in one of the Homes for Children in Ohio, we have discovered a very serious situation. We find that trachoma has been in that Home for two years. Now, the physician of the institution is asked by the Superintendent to inspect the eyes of children regularly as they enter the Home.

We have also found that in Ohio there are many midwives practicing without any certificate whatever. In 1910 we found that there had been a law in the State of Ohio for twenty years, which said that a midwife should report

within six hours of discovery the diseased condition of a child's eyes. There was no note of that law having ever been tested, and it was supposed to be so loosely written that it would not hold. During the last three years, there has been, in Southern Ohio, forty prosecutions of midwives for failure to report sore eyes. We feel that the propaganda work at least resulting from such prosecutions, has had a deterrent effect on the midwife. More than half of those prosecuted, were licensed midwives.

Now we know, and you know, that some of your very best work has, at times been lost because the patient has failed to come back for treatment. We are hoping eventually, to be able to send an army of nurses over the state, to work with the specialists and physicians, in seeing that these patients report again and again for treatment.

As to the trachoma situation, in one town, where there had been a great many cases of trachoma, the nurse followed up twenty. She found one of these, a man, selling dry goods, and another, a sixteen year old girl, working in a kitchen in a large boarding house. We feel that it is worth while to send nurses to follow up these cases, and that it is really an economical process. We send nurses to the physicians, who have reported ophthalmia neonatorum, and they work with the physicians in securing proper treatment. The nurse can show the mother how to care for the eyes, as the doctor cannot do.

This is the general scheme we are trying to follow out, but the success and efficiency of the work must depend upon the sympathy and co-operation of the medical profession.

BUREAU OF MATERIA MEDICA

- C. A. Schulze, M. D., Chairman Columbus
C. N. Cooper, M. D. Cincinnati
 "Mercurius Corrosivus and Mercurius Dulcis."
Levi C. Wells, M. D. Cambridge
 "Kali Muriatricum."
E. Stillman Bailey, M. D. Chicago, Ill.
 "Lantern Slide Illustrations of Difficult Cases Treated
 and Cured with Radium. The study of infinitesimals
 and the energies in the decimal triturations."

MERCURIUS CORROSIVUS AND MERCURIUS DULCIS.

C. N. Cooper, M. D., Cincinnati.

The Homeopathic Pharmacopoeia embraces all the ordinary mercurials, triturating those that are insoluble, and dissolving the bi-chloride, mercurius corrosivus, in rectified spirits, or by trituration in a milk sugar medium for higher potencies.

The mercurius corrosivus, the bi- or per-chloride of chemistry, or corrosive sublimate of the laity, as we all know, is a most potent poison, and in the hands of the Homeopath, a most valued medicine.

Hahnemann gave but few symptoms produced by it in his first provings.

Buchner proved it in minute doses on himself and others.

Allen added some seven hundred symptoms, effects of its poisoning.

Corrosive sublimate, while a mercurial and capable of producing, or inducing the constitutional effects of the metal, yet these effects are not readily obtained from it.

It is not this form of the metal, therefore, that should first present, as a remedial agent in conditions answering to those of pure mercurial influences.

Look first to the mercurius vivus or mercurius solubilis. Of these two last mentioned, Farrington of Philadelphia, states he was not able to distinguish between, in characteristics; while Allen gives them separate symptomatology.

Upon the living tissue mercurius corrosivus has a sphere of its own; acting as a specific irritant, in which, for range and intensity, it is only rivaled by arsenic.

Its effects on the stomach and larger intestines, and the respiratory mucous membranes, and the lungs, the kidneys, and urogenital organs, and the peritoneum, are the most prominent.

When swallowed as a corrosive caustic, it chemically destroys the mucous membrane wherever it comes in contact.

If otherwise introduced into the system experience shows that it exerts an irritant influence upon certain parts of the digestive tract, of a dynamic character, and of Homeopathic application.

In its physiological dose, for the purpose of proving its therapeutic value, it exhibits stomatitis, and moderate ptyalism, with tenderness and swelling of salivary glands; flow of saliva increased, of unchanged quality and without evidence of inflammation.

Gastro-enteric symptoms are manifested by coated tongue, flat metallic taste, and later, sharp burning pains in region of stomach and right hypochondrium; pains aggravated by external pressure; this followed by a diarrhoea with all the characteristics of the mercurials in general, and when aggravated the stools are streaked with blood, or almost entirely of blood, with vomiting and intense tenesmus of both bladder and bowel.

Similar phenomena are observed in acute poisoning by the sublimate, and post-mortem investigation finds the inflammation limited to the stomach and large intestines, the smaller bowel remaining normal.

The last two paragraphs are quoted from an eminent Allopathic authority, and I need hardly say, they are quite in accord with the use made of *mercurius corrosivus* in the Homeopathic therapeutics.

In mouth and throat affections, the drug is employed but little, except in malignant conditions of these parts, arising from debilitating or malignant diseases.

Dr. Pemberton Dudley used it in chronic gastric catarrh, with distention and soreness of the epigastrium and transverse colon, as mentioned above.

When the large intestines are affected, either with simple inflammation, chronic ulceration, or with dysentery, its effects are among the most brilliant things in medicine.

Potter divides the use of *mercurius corrosivus* and *mercurius dulcis*, in any intestinal trouble, by the action of the former on the lower bowel, and the latter (calomel) on the upper intestine.

Dr. Ringer agrees with the above and recommends doses of 1-100 grains.

In behalf of the law of "similars," may I quote Potter and Ringer on the subject of mercury in the cure of syphilis, as follows:

"The phenomena produced by mercury are singularly similar to those which result from syphilis, and the symptoms known as secondary and tertiary syphilis can be produced both by syphilis and by mercury, and it is a fact that mercury is a specific antagonist to syphilitic virus, probably by reason of its affecting the same organs and tissues of the body on a similar line of action, both poisons mutually destroying each other, in the organism."

Hahnemann was the first to recommend *mercurius corrosivus* in dysentery (1822); finding it almost a specific in the common autumnal invasions, with the now well-known characteristics.

In syphilitic iritis, and choroiditis, and in albuminuric retinitis, it is used by both schools.

The kidneys are greatly affected by the poison. Suppression of urine is very common, and post-mortems show it to be connected with acute congestion, or inflammation of the secreting structure of these organs; urine albuminous and bloody, with the microscopic proofs of granular degeneration.

Ludlam considers it the best remedy for albuminous nephritis of pregnancy and sclerotic kidneys of syphilitic origin, as does Mitchell of Chicago.

Where the urine contains much blood, terebinthina must be preferred until this is corrected.

Mitchell reports a remarkable cure of "acute hyperaemia, and not acute nephritis," made by the drug, used in the third decimal.

Inflammation of the peritoneum is a frequent feature in poisoning from corrosive sublimate, and provings made show it has similar influence on other serous membranes.

In the treatment of peritonitis, either from post-partum, or of other causes, I have, in several cases, found its curative action very prompt; the symptoms being very similar to bryonia, but with more bladder and bowel involvement.

Mercurius Dulcis, or Mild Chloride—Dr. Edwin Curtis, of the New York University, an author on the action of calomel, affirms the local effects as absolutely bland, if the salt preserves its integrity, but when taken up by the system, the effects are different, and different again, if taken in a single full dose, or in small repeated doses, and continued for some days.

If a single dose of 10 to 15 grains is administered, there follows, within 6 to 8 hours, a number of green, yellow, or brown mixed mucous stools, containing much bile and accompanied with severe tenesmus.

This commonly constitutes the whole outcome of the drugging, if care is taken to administer in an alkaline media and the excess is decomposed into an oxide.

If, on the other hand, small repeated doses (1-6 to 1-10 grain) are administered, we get the same effects with little risk of bad results.

Calomel stimulates the liver indirectly, through its reflex action, as a duodenal purgative.

In tonsillitis, and other acute glandular inflammations of the neck and throat, *mercurius dulcis* is often curable.

Potter again recommends calomel as an antiseptic to the gastro-intestinal tract, and uses 1-60 to 1-50 grain doses, triturated in milk sugar.

Mercurius dulcis is recommended by Mitchell in acute exudative nephritis, and in the early stages of chronic interstitial nephritis (prior to cardiac or arterial complications), using 5 to 10 grains dosage of the second decimal trituration.

Jousset recommends it in suppurative nephritis.

Mercurius dulcis exhibits many curative effects in pale scrofulous children, with swelling of the cervical and other glands, the skin flabby and poorly nourished. The flabby and bloated condition, with pallor, are the marked indications.

In puerperal eclampsia it is of use, when the attacks are preceded by yawning and stretching, clonic convulsions possibly of one limb only, cramping of the thumbs to palms of hand, as in epilepsy, and the usual green mucous stools of mercury.

Jousset recommends it in the first stages of cancrum oris; the ulcers showing a gray base and red edges, lips and cheeks swollen, saliva dreadfully fetid and sometimes bloody.

Biliary calculi, occlusion of the bile ducts, retention, distention, etc., while usually requiring surgical interference, in a few cases in my experience have been cured by prolonged treatment with *mercurius dulcis* 3x to 6x.

DISCUSSION.

Dr. J. E. Studebaker, Springfield: Mr. Chairman: I do not think that this paper should be passed over without discussion. This is one of the most important class of remedies that we have to deal with to-day. Physicians are usually a little afraid of tackling the mercurials on account of the susceptibility of some patients. Take one of the most desperate diseases that we have to contend with—chronic nephritis. Mercurius corrosivus is one of the remedies that cannot be superseded. We do not look at the presence of albuminuria as we used to. Its presence does not necessarily mean nephritis. When I come to nephritis I naturally think of three remedies: Mercurius corrosivus, arsenicum, and methylene blue. I think that a case of very troublesome interstitial nephritis can be readily controlled by means of these three remedies.

Another disease, a very common disease, gonorrhea. The doctor has overlooked this in his paper. I have for years used a method in this disease which I last year spoke about at the State meeting. I give internally corrosive sublimate and pareira brava. Hot water locally. I have seen the grandest cures in that condition with no other treatment. I have had some very excellent results from this treatment. I think that corrosive sublimate is one of the grandest remedies we have, but I think we are all afraid to use it.

Dr. L. E. Siemon, Cleveland: There is a consideration in regard to mercurius corrosivus which it would perhaps be well to accentuate here. As Dr. Studebaker says, the presence of albumin in the urine is not necessarily alarming, but inasmuch as albuminuria is one of the most elusive symptoms we are concerned with in real kidney disease, we are not always certain if we regard that symptom alone. I have on two or three occasions been asked: "What would you do for a pregnant woman, who shows more or less persistent albuminuria of low grade. All the ordinary measures, of hygiene, diet, etc., have been observed, but this low grade of albuminuria persists." A great many obstetricians would feel as if they might be called upon any moment to induce delivery on account of the persistent albuminuria. I would be on the lookout for eclampsia. I have invariably found that if they have not used mercurius corrosivus they

overlooked perhaps our best means of disposing of the albuminuria.

Inasmuch as we make great pretensions to being such enthusiasts in materia medica, it is very flattering to see such a large and enthusiastic audience present at this bureau. I would like to conclude with the suggestion that we make Dr. Studebaker Sergeant-at-Arms to compel attendance at this important section.

Dr. Cooper (closing the discussion): I do not believe, Mr. Chairman, that I have anything to say, except as to the use of mercurius corrosivus in gonorrhea, as mentioned by Dr. Studebaker. It may be possible that we have a different type of the disease in Cincinnati, but I have never had any good results from the use of this remedy in gonorrhea. For that reason I did not mention it in my paper.

KALI MURIATICUM.

Levi C. Wells, M. D., Cambridge.

This drug, according to Schuessler, stands in chemical relation to fibrin disturbances in its molecular action; causes fibrinous exudations; without the presence of this salt no new brain cell formation would take place. This salt is found in the blood corpuscles, muscles, nerve and brain cells as well as in the inter-cellular fluids. In its physiological character it is closely related to sodium chloride, many of the properties of which it shares. If the cells of the epidermis, in consequence of any irritation, lose molecules of kali muriaticum, fibrin in the form of a white or whitish gray exudation is thrown off, this in drying becomes a mealy eruption. If this eruption extends to the tissues beneath the epidermis both fibrin and serum will exude and the involved part of the skin will be pushed up in the form of blisters.

The general action of kali muriaticum corresponds to the second stage of inflammations of serous membranes. When the exudation is of a plastic character kali muriaticum is indicated in croupous or diphtheritic exudations and

hence is indicated in such diseases as dysentery, croup, croupous pneumonia, fibrinous exudations in interstitial connective tissues, lymphatic enlargements, infiltrated inflammations and cutaneous eruptions from bad vaccine virus. The principal general characteristic symptoms are a white or gray coating at the base of the tongue, white or gray exudations, glandular swellings, discharges or expectorations of a thick white fibrinous slime or phlegm from any mucous surface or flour-like scaling of the skin, torpor of the liver. Characteristic indications for the head are headache, with vomiting, hawking up of a milk-like mucus, sick-headache with white coated tongue, vomiting of a white phlegm arising from a sluggish liver and want of appetite. *Mercurius dulcis*, one powder, relieves these cases promptly. Eyes with a discharge of white mucous or yellow greenish matter and with yellow purulent scabs on the edge of lids. Blisters on cornea with a feeling of sand in the eyes.

Ears—This is one of our best remedies in diseases of the ears caused by chronic catarrhal condition of the middle ear, earache from swelling of the eustachian tubes with swelling of the glands and deafness from enlarged tonsils.

Nose—In catarrh with thick white discharge with a stuffy cold in the head with the whitish gray tongue. Dry coryza; vault of pharynx covered with adherent crusts, face aches from swelling of face and gums. Mouth, aphthae, thrush, white ulcers in the mouths of children or nursing mothers. Canker, excoriation and rawness of the mouth, swollen glands about the neck and jaw.

Tongue—Swelling in inflammation of the tongue with grayish white coating, dry or slimy. Mapped tongue.

Throat—Pharyngitis throat swollen, spots or pustules appear with gray or whitish exudation; in follicular tonsillitis hawks up offensive cheesy lumps; indicated in tonsillitis as soon as swelling appears with graying patches of the throat.

Stomach—Want of appetite. Biliousness, with gray or white tongue. Indigestion, with whitish gray tongue, sick feeling after taking fat or rich food, with vomiting of white opaque mucus; water gathers in the mouth; pain in stomach with constipation.

Abdomen and Stools—Jaundice if caused by a chill resulting in catarrh of the duodenum, stools light in color, sluggish action or complete torpidity of the liver, pain in right side or under right shoulder blade, tongue furred; diarrhoea after fat food; dysentery with slimy stools. **Urinary organs**—inflammation of bladder in the second stage; thickening of coats of the bladder with a thick white mucous discharge in the chronic stage.

All through the symptomatology of this drug you will find the exudation of fibrin due to disintegration of blood or tissue. Probably not so great as in chlorate of potash, but so closely allied that some authors have given it the same clinical significance.

This drug has not been proven, our knowledge having been obtained from clinical use of the same. Dewey in his *Essentials of Homeopathic Materia Medica* gives five characteristic indications for the use of this drug:

1. White or gray coating at the base of tongue.
2. Expectoration of thick white phlegm or slime.
3. Fibrinous exudations.
4. Glandular swellings.
5. Aggravations from fat rich food and pastry.

**LANTERN SLIDE ILLUSTRATIONS OF DIFFICULT
CASES TREATED AND CURED WITH RADIUM. THE
STUDY OF INFINITESIMALS AND THE ENERGIES
IN THE DECIMAL TRITURATIONS.**

E. Stillman Bailey, M.,D., Chicago, Ill.

Ladies and Gentlemen: I had intended to show you the electroscope tonight, but it was slightly damaged in traveling today, and I find that the humidity is so great that it does not allow me to work this little electrical instrument. When the electroscope is charged the discharging rod receives the current, and these little wings react in retraction and expansion. In the matter of discharging this electroscope, I can place the instrument in the corner of the room, and then with this little speck of radium, just looking like a grain of dirty salt, holding it in the proper manner exposed toward the discharging rod, twenty, forty, and I have done it at sixty feet, the air between this little speck of radium, and this portion of the electroscope becomes ionized, and in that ionization the discharging rod of the electroscope incidentally feels the gamma rays from the radium, and the electroscope is discharged instantly. Oftentimes in carrying this tube about it becomes so that I cannot charge it. There is so much radio-activity around the person that it will not take its original charge. I shall allow that part of my program to go. Here was the point, however, that I wanted to make: Professor Lodge, in his Manchester speech, which was recently published to the world, says, "atomism is the study of the present generation." Could there be a finer illustration than this speck of radium? The atomic energy, the energy wrapped up in this little speck of radium? It is supposed to retain its energy for sixteen hundred years. The atomic energy wrapped up in potentized medicine.

(First slide.) This does not look like much, but let me tell you. About six years ago a gentleman gave me that full

of ore, of pitch blend ore, just as it came out of the mines in Colorado. He said, "What can you make out of it? What can you do with it?" It was as new to him as to me. The subject of radium had at that time not made much progress. I took this pitch blend ore, and without farther separating it ground it in a mortar, with a twenty-five pound pestle, run two hours by an electric engine, and I produced the 1x decimal trituration. I placed that on a photographic plate, ionized the parts between the photographic plate and the pitch blend ore in such a way that the silver salts on the photographic plate were destroyed, leaving a shadow. These little particles you see represent radio-activity in the form of pitch blend as it comes out of the ground. I have made no attempt to run this trituration farther than to the third, or possibly the fourth.

I want to tell my friends in the homeopathic school of medicine of the energy that is wrapped up in the rock, the living energy, the atomic energy. When I started in this field of research work and investigation, I was practically alone, except for my partner, Dr. Blackmarr, who is a fine assistant and a good worker. We took up the study of radium very thoroughly, and it is a splendid study. Now we take this rock, remove the impurities, and we have a medicine.

The cures presented by the Paris Radium Institute are almost identical with the pictures by Dr. Blackmarr and myself. The radium men of Paris are working on the basis that there is a trituration process, a radio-activity process, and they use radium forty thousandth, radium five hundred thousandth, radium one million, radium two millions. Radium two million is regarded as the standard. My contention is that radium two million becomes destructive to human tissue. Radium as it comes out of the pitch blend ore is of low character so far as potency is concerned. The properties wrapped up in it are constructive and not destructive.

Atomism is the theme of the present scientific age, and this atomism is everywhere. Last Friday night there was sent a message from Boston by wireless. The operator sat at his desk and ticked off a message of a few words. That same message was read in Honolulu, 8500 miles away. Is that potentized energy? Is that atomism? The instrument in Boston and the one in Honolulu can be adjusted so that there is no difference at all between the two, and the screw that adjusts the wireless instrument is one-one thousandth of an inch. Is that atomism?

Here is a section of pitch blend ore. I took 100 grains of the ore and weighed it. I took 10 grains and triturated with 90 grains of sugar of milk for two hours. As you divide these atoms you develop the individual atom. I honestly believe that the lesson here is the proof of the energy that is wrapped up in our potentized remedy. On the third trituration you notice we have fewer spots, though just as bright. You know the story of trituration, but I just wanted to illustrate to you that it is possible to get the energy wrapped up in the rock, and develop that energy by the process of trituration.

The next step is the developing of the radium out of the pitch blend ore. I spoke to a high school audience of three hundred two or three weeks ago, and I stated that any of them could get radium if they would follow the rule. There is one part of radium to five million other parts. Now by chemical fractionization you must try to throw away the five million parts and keep the one. In the language of Hot Springs, or Monte Carlo, this is called a gamble, "five million to one" that you can't do it. Thus the honor and credit to Madame Currie, the five million to one shot, and she won the purse.

Since pitch blend ore came to be known as radio-active ore, let me tell you, friends, that history goes on to show that there are one hundred and twenty rocks in the surface of the earth that are radio-active. One was found by a Frenchman, not long ago, in Colorado, and in honor of his

president was called carnotite. This rock is yellow, sandy, you can scoop it up with an ordinary shovel, put it in an ordinary wheelbarrow, put it on the cars in ordinary packing, and sell it for a dollar a pound. Pitch blend ore of the high grade is cheap at twenty dollars a pound. I am hoping and trusting that the day will come when radium will be as cheap as nux vomica, or strychnia, and that it will enter into the work of the physician in the cure of disease.

The next slide shows you 1x carnotite. I doubt if a picture of carnotite was ever before put on a screen. This is the first time I have ever seen it. Here is another kind of ore, which is found in Norway.

Here is the beginning of the cancer group. Now there are two phases of this work: one is the work of radium, the intense active firing of that enormous energy into this mass of cancer to destroy the cells. Let me suggest, gentlemen and ladies, that the other side is the more logical, the more reasonable, the more scientific phase. Instead of trying to destroy it as an entirety, there is such a thing as building up a wall of resistance around that cellular element, so that entrance is denied it, and it starves out. Keep that in mind. Some time I am going to develop it for you and for myself. If I find it you certainly shall have it.

Here is a little nevus, a blood tumor, and it was there when the child came into the world. The application of radium on that vascular tumor, and the nevus disappeared entirely. Now this is the kind of a case that surgeons dread, because they know to get rid of the growth they will have to go to the base and cut off the blood supply, thus leaving a scar. With the application of radium the growth is destroyed, and there is no scar.

Another vascular tumor in a little child, not only a birthmark, but a fluctuating tumor. I do not know whether you have had the opportunity, as it comes to me, to investigate birthmarks. There are nineteen varieties, and the ones difficult to cure are the ones occurring as port-wine stains, or fluctuating tumors. It seems to be equally easy

with radium to cure these cases without scar. Is it not worth while to look after new remedies, though you need not despise the old while looking for the new? By removing this birthmark when the child is small, before she arrives at puberty, the scar will have disappeared entirely, and the cheek be soft and smooth as though the tumor had never been there.

I want to present this to you as an item for thought. It gives us a great deal of concern sometimes when we take these beautiful children. (Personally, I do not treat ladies, but turn them over to my partner, who is a married man. Especially I do not treat them about the lips.) It has been my good fortune to take three cases, not so pronounced as the cases I have shown you, and have made them as well as the ones shown you. I did not use the radium, which burns, and destroys, but the pitch blend ore made into a mild form of trituration, applied while the child was asleep. The tumors have disappeared. My partner has had even greater successes. I believe it is possible, by taking that child at birth, that all nevi, or birthmarks, excepting such as Dr. Wilcox mentioned as afflicting our friend from Cincinnati, Dr. Charles Walton—this kind you can't touch—can be successfully treated. I want to say to you, and to those working along the same lines, that it is possible to cure birthmarks before six years of age, by the application of a low grade form preparation of radio-active material. It seems like a fairy story, but I believe it, and I believe time will prove my assertion correct. I do not wish to make it as an assertion, but as a prophecy. I do not say it will, but it is possible. The treatment can be given by the mother, can be taken by the child while asleep, is as soft and pleasing and comforting as a kitten's foot, there is nothing wrong about it, and the growth will gradually fade, and fade, and fade.

The next is a hematoma—an awkward thing for the mother to take care of, and for the child to have. It is a good deal better cured. No surgery, no chloroform, no

hemorrhage, no blood, no pus, no cutting of the hair, no bandaging, no putting of the child in bed, just a mild form of application.

Another nevi running into the eye. The case that I cured was exactly at this point, in a little girl 12 years of age. This was a bad case. It stood up from the skin, and there were a large number of blood vessels, which came together making the port-wine stain. The next picture shows the same child with just a portion of the birthmark left.

An epithelioma in a stage of treatment. Now if radium can change the destructive form of the malignant growth so that it begins to have constructive tissue growth, where there was a destructive malignant growth, then we are beginning to get an element of cure.

This picture, if you please, represents one of the most interesting cases during my professional experience of thirty-five years. I do not know the lad, nor his name, nor where he lives. I only know that when two years of age he developed a form of lupus, which Dr. Collins described, the tubercular form. It started in his face. This little fellow was thrown into the lap of Charity when two years of age by the death of his parents. For seventeen years he had always had a dirty face. Scabs would form and then come off, the dirt would get in, and the more it would be washed the worse the sore would get. He had tried all forms of treatment. Had been the rounds of the clinics. Had used X-ray and all forms of medicine. He was anxious to be like other boys. He did not like to have a dirty face, because people shunned him in the street-cars, in the school and everywhere. He fitted himself for an electrician, and when he applied for work, the foreman, somewhat under pressure, put him to work soldering joints, because he could work out by himself. He is a bright boy, and I would do more for that boy than any boy living.. I am going to show you what I have done for him in the last six months. Here is the lupus on one side. The nose has become clear and

smooth. It ran up into the canthus of the eye. Just last Saturday I told him to go home and take no more medicine, but on his way home to get some castile soap, and for the first time in his life wash his face. This week he is reveling in the fact that he can wash his face. During the hot weather I shall give him no further treatment. If in the cold weather any form of the disease returns, I shall use a preparation which I have made. Will put the salve on his face and let him return in a week, and once a week for about six months. I have treated this boy part of the time twice a week. He is the happiest boy in the City of Chicago. He can go in public without being shunned, has a chance of promotion in the shop. I am glad I found him, and he is glad he found me.

This case came to me as an epithelioma. Have a similar case in a patient from Oklahoma. The growth has been removed, and the normal tissue restored in both cases.

Another form of lupus. Was very glad to hear Dr. Collins say it is curable sometimes, but it depends on the time you start treatment. If the tissue is destroyed, as in this case, the first step is not to cure but to stop the destructive tendency, and that sometimes is the hardest part. A surgeon's knife cannot do it, because if you take away the growth there is a possibility of entering the healthy tissue with infection.

An epithelioma of the lip. I saw many of these cases in Italy, in the Skin and Venereal Hospital in Florence. Probably a smoker's pipe has been responsible. I say probably. I do not wish to deny a person the right to smoke a pipe when he gets to this man's age. Radium was applied in this case. Now the constructive phase of radium will come in and cure. Instead of dealing with the surgeon's knife in these cases, when you get them early, I think you can cure them.

Epithelioma in a favorite spot. It has not progressed very far, and there has been no large amount of tissue destruction. I have an exactly identical case in an elderly

woman, caused from an injury. Medication was applied, but she later fell, striking the injured part, breaking it open. The second traumatism made an open wound. It has not yet healed as thoroughly as this case, but it will.

Here is an extremely interesting case of Dr. Blackmarr's. This chap, to improve his financial condition, went alone to the diamond fields of South Africa, and there contracted a skin disease seldom seen outside of the tropics. In addition he also had a small epithelioma appear. His greatest trouble was when he had two or three days' growth of beard, then his face would be so on fire he would be uncomfortable and would have to shave. The shaving process would make him on fire and uncomfortable until the beard would come out again this same size. Three days of discomfort while the beard was growing, and three days of discomfort just after he shaved. In addition to that, he told me that in South Africa it was hard to get things you wanted to eat, and what he loved best in the world was green corn. He returned home just in time for the green corn, but his lip was so sore he could not eat it. I met this fellow last Saturday when he was coming for a treatment. I asked him why he had stayed away so long. He said he had been entirely well, and he went to a ball game and got excited, and then his face commenced to break out and turn red, and he had to shave, and the following Sunday morning he was a sight, and he felt worse than he looked. I do not mean to make light of the case, but am simply presenting some of the sides that come to us. I think sometimes the history of a case gives us a sort of fellow feeling. I do not know when, outside of the little lupus case, I ever felt so sorry for a fellow.

Now this case has all the landmarks of sarcoma. It would not take a surgeon long to make up his mind as to the outcome of a case of this kind. You can see where all the contours of the face are altered or changed. I have a counterpart to this case in a gentleman from Kentucky. The man had never been away from the mountains in Kentucky.

He came in being led by the doctors. One eye was closed. The epithelioma had grown across the bridge of the nose. The patient got well, as you can see by the picture. I am happy to tell you that my man with an equally bad growth is 95 per cent. better.

Tuberculosis of the face, starting in with the diagnosis of tubercular form of epithelioma. This is as it looks in the very early stages. I shall aim to build up and circumvent the further progress of the destructive action, and by constructive action assist nature in throwing away the diseased conditions present.

Here is another case of lupus, which did not have radium early enough. The destruction did take place, but the radium held it in check.

An epithelioma well defined, a counterpart of a patient I am treating. In the patient I am treating the eye is closed, and the disease goes in so as to get under the eyeball. Just a little rim of flesh left around. The canthus gone and all the tissue gone down to the cartilage. The nose is gone with the exception of a little ring, and yet the patient comes to me and wants to know when I think she will get well. I have kept down the pain, kept down the discharge, which for six years made it impossible for her to sit with her family at the table because of the odor, and because of the amount of pus discharged. Her husband, a teamster, used to dress it before he would take his team out in the morning, between five and six, a visiting nurse would come three times a day, and the husband would dress it again at night. Five times a day for years this had to be dressed. Now all the nurse has to do is to use the application of radio-active water. That is all she has had for six months.

I hope you will pardon me if I get enthusiastic about some of these cases. In six years I have seen and helped to take care of five or six hundred of these cases. Dr. Blackmar and myself have never refused treatment to any one. We have taken all comers. Many of them we have had to clothe, have had to board them, had to put them in the hos-

pital and care for them. We did it in order that we might determine what energy was wrapped up in the radium, and what radium would do in this kind of cases.

Here is a most charming lady, of charming personality, and she has that awful form of epithelioma, and the worst of it is it started from the inside. It affects all the glands, the root of the tongue, and only recently it made its exit and is now discharging. Am in hopes that all the glandular structure will discharge out, and give vent to the pent up pus.

It is the deep seated and severe cases that require the active energy.

I do not want you to think that all this is a pleasure, but, after all these years, I feel that I have just begun to be initiated in some of the horrible things in medicine.

BUREAU OF SANITARY SCIENCE AND MORAL PROPHYLAXIS

E. O. Adams, M. D., Chairman Cleveland
" ? ? ? ? ? "

R. R. Hilborn, M. D. Akron
"Some Practical Hygienic Helps."

" ? ? ? ? ? "

E. O. Adams, M. D., Cleveland.

Any fool can ask questions, but it takes a wise man to answer them. That being the case, it would seem that at this meeting an opportunity is offered to use a number of interrogation marks for purposes of punctuation. For here we have the place, the time—and the wise men.

The object in asking these questions is to acquire some information on matters, the consideration of which has possibly been neglected by some of us. We have been busying ourselves in trying to make differential diagnoses between worms and ectopic pregnancies, dementia praecox and just plain foolishness—or have been trying to decide whether to give chamomilla to a crying baby or paste its lips together with adhesive plaster. We therefore have not kept abreast of the times in many of these up-to-the-minute and then some ideas pertaining to prophylaxis, eugenics, race suicide, stock breeding, the higher criticism, "Damaged Goods," Ella Wheeler Wilcoxitis, etc.

But the time is coming in Ohio, as it has already arrived in some of the states—notably Wisconsin—when the men and women belonging to this society will be called upon to answer at the polls some of the questions which I am about to ask; and some of the others must be answered by that possibly somewhat atrophied sentiment which passes as conscience in the bosom of the doctor.

The first question is one of conscience. Does the physician owe his first duty to the individual patient or to posterity? For instance, when a child or young person has inherited or acquired a disease or diathesis which causes degenerated tissue not only in himself but in any possible progeny, should the physician by his advice and ministration endeavor to remedy the patient's condition and prolong his life so that he may marry and allow the virus to trickle on down to the coming generations? Or should nature be allowed to work unchallenged, and by weeding out such undesirables provide a future population which shall consist only of the product of the "Survival of the Fittest"?

We are told that in past ages certain races managed such contingencies by actually destroying those who were considered unfit. Did such action of our ancestors in the paleozoic age have its influence in so improving the human race that the beauty of physical contour, the brilliancy of mental acumen, and the polish of social amenities so prominently displayed at this meeting today were made possible? If to this influence in past ages is conceded such result, should we consider that the race is now so sufficiently near perfection that we can afford not only to cease killing off those who are under the ban of nature, but even to try to thwart nature in her own efforts to destroy those who are physically unworthy?

If we have reached too high a development of so-called civilization and of mercy to kill outright, or even to allow nature to have her own way, and must try and preserve the life of anybody applying to us for help, are we at least permitted to give advice and even information that will lessen the number of descendants to such disabled individuals? To be more specific—some time ago I was approached by a young man school teacher who had an ancestry in which tuberculosis was fairly common. His personal appearance gave evidence of the same tendency. He had become enamored of a young lady of his own

station in life who was well educated and charming, but who at rather long intervals had attacks of epilepsy. With the typical selfishness of the male he only saw the danger as a result of the mother's affliction to any children that might follow their marriage, and sought advice from that standpoint as to the advisability of such marriage. But considering the condition of both of these possible parents, what was my duty? Should I have killed the young man, as would have been tolerated a few million years ago? Should nature have been encouraged to act quickly and so prevent injury to the future of the race? Should I advise against the union and then probably have both of them marry other mates and thus doubly transmit their disabilities? Should I recommend that they marry and then endeavor to palliate matters by trying to improve the health of themselves and their children? Or, should I suggest marriage and offer them such advice and information as to prevent the conception of offspring to inherit their frailties?

The second subject upon which I ask for information is in regard to the advisability of instruction in the schools to children and youths about sexual matters. Will such education have the desired results of lessening immorality and venereal diseases? Or is it an attribute of youthful human nature that to be warned of danger in regard to any matter but enhances its charm, stimulates the sense of bravado and encourages the young man or woman to take the chance? Will such instruction create in the young the loathing and contempt which is intended, or will the familiarity which they acquire with the subject lessen their embarrassment and so lower the barriers of diffidence and modesty? Is it the experience of those present that the ones who have the fullest knowledge of the dangers of promiscuousness in sexual matters, for instance doctors, medical students and nurses, display any greater degree of abstinence or are any more nearly free from the sequelae of such affairs than are others whose knowledge is more

limited? Is it thought that today there are any young women in Ohio at the age of puberty who do not know that through the seventh commandment the church has told her that if she partakes of the forbidden fruit she will go to hell, and that society has proclaimed that if she does, and is found out, she will be a social outcast as loathsome as a leper? If these threats do not suffice to keep her from submitting to the blandishments of the tempter when he appears garbed in a red necktie and the aroma of cigarette smoke, is telling her of the possibility of acquiring some mysterious form of disease that will make her hair fall out or necessitate the removal of an ovary or two going to do it? On the whole, wouldn't it be as well to remove some of the modern dramas from the stage, induce some of the journals devoted to women's interests to take up a different line of thought, and continue to let school children study the three R's without adding the fourth one—Reproduction?

The third subject about which I am asking for information is in regard to medical certificates before allowing young people to enter the Paradise which is entered only through the door of matrimony. Has medical diagnosis reached such a degree of perfection that the physician is proof against mistakes of omission and commission? It must be remembered that in this instance it would not mean simply the loss of life, as it might in medical practice, but to the young man would mean that which he holds far more valuable than life itself—the loss of the object of his affections. For this reason, would not the one examined endeavor by all means possible to keep any undesirable information from the examining physician, instead of helping him, as when he comes for treatment? To make even an approximate diagnosis under such circumstances would there not be necessary a combination of physical and laboratory methods that would require a corps of examiners? And how about the matter of the sexes—is it proposed to submit both parties to examination or only the man? If

the latter, could it not be shown in the courts that the law showed "unjust discrimination" and so was not valid? Besides, though we readily acknowledge that in the vast majority of instances the man is the one to be suspected, yet, ungallant as it may sound to say it, there are cases on record where the bride was the guilty party. If in Wisconsin or other states the promoters of this law intend to make it just and have both parties produce evidence of freedom from venereal disease, do they know what is required to make such certificate of any value? If so, are the parents of the would-be bride, as well as her intended spouse, willing to have her submitted to such requirements as the Wasserman test and the securing, probably by a politically appointed doctor, of a specimen from the region of the urethra to be examined for gonococci? And if such tests are not made, would not the law be a farce?

On the whole does it not indicate as high a degree of culture and refinement to teach our children and young people the old-fashioned type of modesty and virtue, in an effort to develop in them a conscience as a protection against mishaps? Will not this method be as potent an influence as to make sex matters as free of discussion as arithmetic, or a subject of legislation as of stealing? Will it not be better, after society, the parents and the church have taught their lessons, for the physician, instead of setting himself up as a policeman, to assume instead the role of confidential adviser? Is it not better to try and elevate the race of today as well as improve that of the future by a discerning individualization, by policy and by promoting the confidence of the masses in those who assume to be leaders, than it is to club them into right doing or to give them shreds of information which they are not in a position to assimilate?

DISCUSSION.

Dr. G. W. Spencer, Cleveland: I am modest enough not to consider myself among the wise men, but in order to ac-

commodate the Doctor, I will say a few things in regard to this paper. The Doctor does not express any opinions himself, he only asks questions, but the character of the questions indicate very clearly about what he thinks. In a rather roundabout way he presents his opinion in a very impressive manner.

The first question he presents to us is that of Conscience—whether we owe our first duty to the patient or to posterity. As a general rule we owe our first duty to our patients, and in doing that duty we also do our duty toward posterity. So, it must be left to the judgment of everyone. A patient presents himself who has some trouble, by which you think the coming race would be influenced. Your duty to him, as well as to posterity, would be to tell him truthfully concerning the matter. Therefore, I say, in doing our duty to the patient, we do our duty to posterity. That, it seems to me, would be a very good answer to that question.

He speaks of certain nations which destroy the unfit. Those nations have ceased to exist, and therefore, that proposition did not work out very well, seemingly. Why did it not work out? Simply because they were violating a law of Nature. There is a law of Nature, and it is one of the great universal laws, and that is, that the efforts of Nature are all toward the betterment of the race, and to make it better, more efficient. If left to Nature, she herself will solve many of these problems that we are now trying to interfere with. Nature always avoids that which gives displeasure and discomfort, and interferes with her development; she always accepts those things which give pleasure and freedom and helps in her development. Those are two general laws of organic Nature, and when we interfere with these laws we interfere with something that we have no right to do. So many of these questions Nature herself will take care of if we do not interfere with them.

The second question is the advisability of instruction of children in the schools in regard to this matter. That is a very pertinent question. Would it not be well to devote our time to teaching children the old fashioned lessons of virtue? At one time I became quite enthusiastic, and read two papers before this Society on prophylaxis. I do not know where they went to—no one ever said anything about them. At that time I was quite interested in this question, and thought perhaps something of that kind ought to be introduced into the schools, but I have changed my mind

entirely. I do not believe that those questions should be taught in the public schools at all. We had quite a time in Cleveland a few years ago. Dr. Winfield Scott Hall, of Northwestern University, gave a series of lectures throughout the city and county, on the question of teaching sexual diseases, sex hygiene, and all those things in the public schools. At first I was quite taken with it, but before he got through I was quite disgusted. To illustrate the effect which it had: He delivered a lecture over at East High School on this subject, and a friend of mine was going down the walk shortly afterwards, and he overheard a couple of lads talking. These boys were 14 or 15 years of age and had heard the lecture. One said to the other, "Well, what did the old guy say?" "Well, he said we should go home and be good." That is about all the influence it seemed to have.

If the foundation for moral character is not established in the home it will never be established. Environments after they leave the home will not establish moral habit, it must be established in the home. The two great influences that tend to establish it in the home are self-control and obedience, which must be taught from the cradle. What we want to teach, is to teach the young man and the young woman how to be good parents, that is what we want to teach; but that will admit of quite a good bit of discussion.

The Doctor very aptly put it about the young men and women who know such things. Are they any better than others? The more they know about these things the less they regard them. Nature will take care of such questions. There is a natural modesty which comes to the boy and the girl if they are surrounded with the proper home surroundings. If we could do something to improve the environment of the child after he leaves the home and goes into the school, there would be some sort of sense in it. When the little boy goes out to school he is taught improperly in regard to these things, viciously taught. How can we protect that boy? We cannot, unless the child has been taught at home lessons of self-control and obedience, and has confidence in his parents. That is the great thing.

The third question is in regard to marriage certificates. This has been tried in some countries. It is being tried now in Wisconsin. In France they tried it out extensively, but it failed entirely in the object to which it was directed. Why? Because, as the Doctor has said in his paper, a person who is a candidate for matrimony

going to reveal anything. It would simply make us a nation of liars, because all of these people are brought together by the law of natural selection, and they are not going to break that bond, not going to dissolve that partnership because of any such foolish thing as that. You can legislate from now until doomsday, and you cannot make men honest, virtuous or righteous by any sort of legislation. Whenever you attempt it you are going against one of the great laws of Nature.

Dr. J. Richey Horner, Cleveland: I have been very much interested in Dr. Adams' paper, because I have been taking up this subject and making a little study of it. It is not only a very interesting subject, but one of the most important we have before us to-day. It is fortunate, indeed, that science has reached a point, where in a case of tuberculosis, epilepsy or syphilis, positive and definite advice and information can be given to those who either have the disease or have a tendency to develop it. Tuberculosis can be definitely diagnosed, is being successfully treated, and many cases are absolutely cured. Epilepsy can be as successfully diagnosed, not yet so successfully treated, but can be so circumscribed as to prevent its development. And it happens in both these conditions, the lack of evidence of the presence of tuberculosis during a period of two years, constitutes a cure. So, in this particular case which Dr. Adams has quoted, I would say to this young man, "If you can put yourself under treatment, and at the end of two years present distinct evidence that you have not any symptoms or signs of tubercular development in your system, you are ready to marry." I would say to this girl, if during a period of two years she has no epileptic attacks, is otherwise well and strong, she would be in a condition where you would be justified in allowing her to marry.

The question of instruction in sex matters is one that is filling the newspapers, is boiling over in the magazines, and simply raging on the stage. I believe that every child should be instructed in sex matters, but I believe that that instruction should be done at home, absolutely. Take an audience which gathers to listen to a lecture on sex matters. That audience is stimulated by sexual feelings. It is a sexual gratification to the majority of those people to hear sex matters discussed on the platform. It can be taught in the school, and I think there are plenty of times when it should

be taught in the school. Take a teacher with a class of forty. She has two hundred school days, and there is plenty of time for that woman teacher to take the girls of that class for a half hour talk quietly after school, individually. There is plenty of time for the men connected with the school, during two hundred school days, to take the boys individually for a quiet talk, which should embrace not only sex matters, of course, but in a very elementary way venereal conditions. I do not believe it is wise to emphasize venereal conditions.

In the Atlantic Monthly for March is a very telling article on the "Repeal of Reticence," which I think every one in this room should read. It is extremely interesting. In it the writer pleads for more reticence in general conversation, and in the general treatment of sex matters. Familiarity breeds contempt, and the arousing of curiosity in the minds of these young people, minds not under the control of maturity, in too many instances will result in disaster.

Dr. Spencer last year gave a very delightful talk at Marion, a copy of which I have in my envelope here, in a discussion of a paper similar to this, in which he took up in detail the training of the child in the home in obedience and reverence. Reverence for his mother will inspire a boy with reverence for women in general, and thus help in keeping him free from ways that are not right.

Eugenics and medical examinations are questions of education of the people. The American people, I think, as a rule are apt to ride a hobby to death. They go to extremes in new ideas—they cannot wait for gradual and normal development. Just as many men, for instance, put electricity in their hot houses so as to have daylight, in order that their plants may grow faster. They put electricity in their hen houses, so that each hen will lay three or four eggs in twenty-four hours instead of one. They are not willing to allow the gradual, normal development of new ideas. That is what has happened in regard to eugenics, in regard to the perpetuation of a race more nearly perfect than you and I are to-day. Morals never have been improved by legislation, and never will be. You cannot make a man honest by enacting a law, and while the time may come when medical examinations will be the right thing, will be necessary, proper, just at present they do not reach the class where they are needed. People will get married if they want to be married, and if they cannot get married in this state

will go to another state. It will be necessary to make the whole proposition universal. Until that time, educate the people, and get them to feel that that is the right thing to be done. These isolated spots of medical examination, like Wisconsin, are going to do more harm than good.

Dr. H. F. Staples, Cleveland: These questions which the Doctor has asked are certainly very vital questions to the people to-day. I think that he has, while asking the questions, answered them in his own way, and to the satisfaction perhaps of a great many present. Dr. Spencer and Dr. Horner have discussed the question pretty thoroughly. I will endeavor to be brief in my remarks, and to the point.

In regard to whether we ought to help prolong the life of the young when they are diseased or criminal, I would like to answer that by mentioning a little incident which happened some years ago in a clinic which we had in college. A middle-aged colored woman had to be delivered, and we had her in the amphitheater. It was a breech presentation, very hard, and when the child finally came it was badly deformed, and was not breathing. I immediately got busy and tried to resuscitate it. While doing that the old colored woman looked over and said: "What you all doin' there? Don't you try to make that baby live, 'cause I've got enough of those at home." That made me think. This baby was not breathing, it was badly deformed, and it brought the question to my mind whether it would be worth while to try to bring that baby to life. We must answer those questions, I think, for ourselves, not only in labor cases, but in other cases where we have deformed, deficient, or crippled patients under our care.

In regard to whether we should have our children instructed in sex matters in the homes or in the schools, I think that should be answered both ways. There are homes where the children ought to be taught sex matters, and there are homes where the children should be taught in the school. The majority of our foreign population do not know enough about sex matters to teach their children, and those children, whose parents are not able to teach them, should be taught in the school. I had an illustration of this a short time ago, in the case of a patient of mine, a young boy, whom I had brought through three attacks of gonorrhea. He finally came to me one day and said, "Doctor, I am thinking of getting married," and then this question of gonorrhea

came to him. He had been thinking about it, evidently, for quite a while, and he imagined that it would interfere in some way with his marriage relation. He did not know much about it, but he was in a terrible state of mind. He made this statement, he was crying, and he said, "Doctor, if I had only known the results of what I done. Had I only known in the beginning." I think we ought to teach the young the results of these iniquities, the results of gonorrhea and syphilis, and then if they contract these diseases we cannot blame ourselves.

In regard to the legislation in the marriage question, as it has been said here, I do not think legislation at the present time would do any good. What we need is a system of education along these matters, to get the people in the right state of mind to take up this matter. The Federation of Churches in Cleveland within the last year has been taking this matter up quite seriously. They have gone over the subject pretty thoroughly. About a month ago a joint meeting was held of the ministers of the Federation, the Academy of Medicine, and the Homeopathic Medical Society, and the consensus of opinion seemed to be that at the present time legislation on this subject is out of the question, and that the only thing to do was to educate the people. Twenty-five years ago the temperance question was laughed at, and ridiculed, but during all these years the people have been gradually educated, public sentiment has become crystallized, and at the present time we have in a number of states sufficient legislation to prohibit the sale of intoxicating liquors. President Thompson stated last night that in Kansas where they have had temperance for so many years, there is a larger per cent of clean, robust young men and young women seeking an education than in any other state in the Union. Public sentiment has become crystallized, and people are beginning to think of the harm done by intemperance throughout the country, and they are beginning to legislate. So with the matter of marriage. If we can educate the people to think that way, then we can legislate, and it will do some good.

Dr. J. E. Studebaker, Springfield: I did not intend to say anything in regard to the Doctor's paper, but I believe we have been covering a good deal of territory. I deprecate the extensive discussion in public of such subjects. It is my opinion that there are just three things required in this

case. One is, a kind, cultured, intellectual, educated mother. That is the first thing. The second thing is the child, and the third thing is what? What is the third thing? The good, sensible mother, the child, and the confidence extended from the mother to the child and your whole question is settled. This combination of three things will settle all your discussion, and why prolong a thing so self-evident? You cannot get away from it. The Bible is the only other thing that adds to it. The mother, the child, the Bible, and education.

Dr. C. E. Walton: Mr. Chairman, while we are on the subject of Eugenics, I would like to call your attention to the evolution of—

A BORN FOOL.

A certified man wooed a certified maid,
Was wed by a certified preacher,
In certified time—at least 'twas so said,
Became Dad of a certified screecher.

The youngster was reared on certified milk,
Was instructed in a certified school,
His body was clothed in certified silk,
But he grew to be a certified fool.

In spite of the fact of certified blood
(His certified Dad, his certified Mam,
And ancestors dating before the flood,)
He never was worth a certified Damn.

Although he was given certified health,
And all of those things which with that entrains,
In spite of his blood, in spite of his wealth,
He surely was short on certified Brains.

Dr. Curtiss Ginn, Dayton: Just this last week I witnessed the result of the system of education in sexual matters, in one of my families. The mother of this child was a cultivated, educated woman, and some three years ago she determined to tell her boy the things she thought he should know. He was about nine or ten years of age. I demurred, and advised her not to do so, but in spite of that advice the

program was inaugurated. I could not make a successful stand against the Ladies' Home Journal. This last week while the mother was in the hospital, a domestic scandal arose in which the youngster was the aggressor. He attempted to put into practice what his mother had told him several years ago, as soon as the maternal authority was removed. I have not only seen that in this instance, but have seen it a number of times. It seems to me the best thing we can do is to return to the method of teaching children only enough to keep them safe. A knowledge of sexual matters is not going to teach children sexual morality, but if they are taught from infancy that certain things are tabooed, an element of fear enters, that will solve the problem more satisfactorily.

In regard to eugenics, have you stopped to think what the result will be if you try to rule out the physical unfit? If you rule out the physical unfit you will rule out a good share of the songs and poetry of all ages. Take Steinmetz, the head of the electrical profession in America. Physically he is unfit. Mentally he is a wonder. He has done more within the last five or six years in this field than any other one man. Take Scott, take practically any man of science or literature, and physically they would have been unable to cope with stronger men.

Dr. Frank Webster, Dayton: I think that this is the greatest subject that can be brought before a medical society. I differ from most men here. I think that this will be taught in the Public Schools, and that there is the proper place to teach it, but I do not believe that the teacher who is to do it is yet born.

Dr. W. Webster Ensey, Dayton: Mr. President, I have been very much interested in this discussion this morning by the able gentlemen present. I have thought considerable along these lines, and I believe that we are treading on dangerous ground when we begin to interfere with natural laws. These things have been going on since the days of Adam and are going to continue in spite of me. I do not believe that education will eliminate danger our young people are in of contracting venereal disease. Humanity is so constructed that they will resist. They did not take it in the garden of Eden, and they are not taking it to-day, but man must still

the fire to see if it really does burn. I do think that medical men, perhaps, tend too much to minimize the dangers lurking in venereal diseases by giving the idea that they can be so easily cured. Young men who have heard the expression, "I would rather have gonorrhea than a cold," come into the office and rehash that to you every day. It shows their utter disregard for the advice of the medical profession. They do not believe that gonorrhea is a thing that will stay with you perhaps for the rest of your natural life, the same as syphilis. I question whether a case of gonorrhea or syphilis is ever really permanently cured; it is simply suppressed.

Dr. L. K. Maxwell, Toledo: A few thoughts came to me while Dr. Webster was discussing the paper. One is, it requires a good deal of education to bring an individual up to a certain point where he will not do these things. In the case of the young man mentioned by Dr. Staples, it took three courses before he graduated. The other is, speaking of the manufacture and sale of alcoholic stimulants, I presume that a very large per cent of venereal disease is contracted while the individual is under the influence of alcoholics. He is stimulated sexually by the alcohol, and loses his self-control through the use of it.

Dr. Adams (closing the discussion): I have no further remarks to make. I simply asked these questions for information, and I thank you very much for giving it to me.

SOME PRACTICAL HYGIENIC HELPS.

R. R. Hilborn, M. D., Akron.

One of the most valuable hygienic helps in my practice is the tonic cold bath. This implies the application to the body of cool or cold water with friction, which is used daily for a period varying from a few days to several months. The technic must be varied to suit the individual case or the procedure will work harm instead of good.

For a patient of ordinary strength and vitality the following would be best: On rising in morning, or in the evening after a warm bath, rub the face, neck and upper part of body vigorously with cool water; dry with a coarse towel using brisk friction, breathing deeply all the while. Then bathe and rub the rest of the body in same manner, giving especial attention to the feet and ankles. If properly done this should not require over four or five minutes and should give a feeling of warmth, vigor and refreshment without any chills or tired reaction.

For a small child or a bed-ridden patient, begin by rubbing the body with the cold, dry hand—one part at a time—each morning. After two or three days he becomes accustomed to this, and you can dip the hand in tepid water—rub as before—taking care not to chill. Each day make the water a little cooler, and use a little more of it and take a little longer time for the bath. In this way he will soon be trained to take and enjoy more vigorous measures.

On the other hand a stronger patient will prefer to have the body rubbed with a towel, wrung tightly out of cold water—or can take a cold shower or plunge in bath tub or swimming pool.

There is no remedy known to medical science which will produce as quick, powerful and lasting effects without harming the organism—as the applications of cold water. The effects are all of a reflex or reactionary nature. The primary action of cold is benumbing, depressing and exhaustive; but if given briskly, and with friction, the body quickly reacts to prevent damage. The nerves are aroused

and alert, the heart action quickened and strengthened, oxidation and assimilation are hastened, and the muscles toned up. In short the whole body is put on guard against the enemy—cold; it summons its reserves to attention, clears the decks for action by eliminating poisons; nervous spasm and local congestions are broken up in the one great effort to resist the cold. So by using the cold applications as above indicated we train the body to react quickly and easily; we keep the vital forces in fighting trim, as it were—keep the decks cleared of auto-intoxication and waste—health is maintained and disease prevented.

Its practical application is that as a general tonic, it is very effective. It is the best remedy I know for respiratory diseases. Patients come to us every day or two with a history of coughs, colds, and sore throat, which recur with every chill or change in the weather, and persist obstinately in spite of well selected remedies. Keep up your remedy, give the graduated cold bath treatment, cut down the diet for a few days, attend to the bowels, see that patient has sufficient fresh air, and you can promise speedy results. In acute rhinitis, treat as above; adding a cleansing alboline nasal douche, and your recoveries will be hastened 100 to 300 per cent. For people with cold, blue hands and feet, nervous congestive head-aches, and the morning depression of neurasthenics, this is almost a specific. It combats auto-intoxication by hastening oxidation—more heat is needed, and much of the waste is burned up in the process, leaving the body free. To help constipation and intestinal fermentation by toning up the nerves and blood supply to the bowels, and so on, you can easily see applications in your practice; and there are very few diseases or conditions in which carefully given cold applications will not do good.

Just here let me remind you that a cold application of some kind, following a hot bath will effectually prevent taking cold afterward. If properly taken, you can get out

into a blizzard without harm; I have seen this done many times.

These cold applications act homeopathically. All of you who have done much driving in the winter, know the primary action of intense and continued cold; the depression, the benumbing cold, stiffening effects; the sluggish mind, the cold, blue clammy extremities, the congestions in lungs and head, and so on. Now, when a patient has some of these symptoms, the graduated cold application is the homeopathic remedy and will arouse that reaction which will cure the condition. The reasoning is just as sound and apparent as in the use of bryonia for pleurisy, and your results will be just as sure.

But I will say, as Goodno does in discussing colchicine, "This remedy acts best in doses which fall just short of producing the physiological effect" of the remedy, in other words do not depend on high potencies in the applications of cold water.

It may seem strange to some that homeopathy applies even to bathing. But it does.

It applies in stronger ways than this: take some of those spankings that we used to get, for instance—they were exactly homeopathic to our cases. Take the time when we cried and whined for an hour or two because we couldn't have father's razor or the looking glass and the hammer, as play things. Mother finally diagnosed our case as acute spasm of the disposition and said: "Young man, come with me to the wood-shed, I am sure a smart strapping will be homeopathic to your trouble, and produce a speedy relief of your symptoms. I will give you something to cry for"; though, of course, her object was to stop the weeps. Well, mother knows all right; and as is often the case with homeopathic remedies, she got a sharp aggravation of all the symptoms for a few moments in the shape of loud lamentations. But immediately on the withdrawal of the indicated remedy, a healthy reaction set in—the lamentations ceased

and very soon we were happy and contented again—cured homeopathically, to be sure.

Turning from jest to seriousness, I believe the good Lord often treats us homeopathically, in our adult years. We often are unthankful, discontented and complaining over fancied wrongs and privations, when we really are greatly blessed. So He in mercy acts the part of the great physician, and says, "My child, a little real trouble will be the homeopathic remedy for your condition. Then He allows some sorrows or adversity to overtake us—we see our mistake—the reaction sets in, and we are cured of our fault-finding and selfishness, and even learn with the Apostle Paul, to rejoice in tribulations.

But to return to medicine proper. Another hygienic help is the regulation of how the patient eats. This is usually more important than what he eats, especially in these days of rush, hurry and worry. By carefully and persistently following out this point, you will get results that will surprise you, in case of indigestion, gastric or intestinal, and in auto-intoxication, that usually accompanies it. Often this alone will produce a quick and permanent cure; but it is usually best to give your remedy also.

The following is my general prescription, which is varied, of course, to fit individual cases.

First. Eat regularly—three meals a day, with no food, candy, fruit or the like, between meals; except for weak or neurasthenic patients who require a lunch in the middle of the morning and of the afternoon, and a hot drink at bed-time.

Second. Eat slowly and quietly, lay aside business and other worries; devote all your attention to the enjoyment of the meal and the company.

Third. Drink nothing immediately before or for one and one half hours after meals; nothing at meals but one half cup of hot fluid at the close, if desired. No tea, coffee, cocoa, or chocolate—especially if the liver is not working properly. In very weak patients with no appetite, a little

hot meat broth at the beginning assists the appetite and consequently digestion; but this is to be used only for a short time, as the broth is an undesirable stimulant.

Fourth. Masticate the food thoroughly, Fletcherize, if you please. To encourage this, at the beginning of the meal eat a dish of crisp wheat or corn flakes, with a bit of butter in each spoonful, but no wetting or sugar. This calls out the saliva—the ptyalin immediately acts on the high dextrines and produces maltose. The taste of the maltose reflexly stimulates rich active juices in the stomach, intestines and liver, as beautifully shown by Pavolow in his book on the work of the digestive glands.

Do not wet the food with gravies, sauces or other fluids—eat them separately as side dishes. This method is a safe guard against over eating and against fast eating—two great causes of indigestion.

The patient will sometimes require a little patience and perseverance in following this treatment. After a person has slopped and washed his food for years perhaps, the glands become inactive and do not immediately take up their work. They must be educated back to their proper duties. But perseverance will be rewarded with permanent results.

Before closing, let me mention three random points:

First, remember that pasteurized milk acts as a distinct poison to many people—producing pain and burning in the stomach, head-ache, sour vomiting, dizziness, and similar symptoms. I have had a dozen cases in the last month who have been cured by simply changing to ordinary raw milk.

Second, remember that cistern water often disagrees with infants and adults as well. It may produce persistent pain and colic in babies; stomach and liver trouble in adults.

Lastly, let me cite you to our homeopathic law in cases of hyperchlorhydria and hypochlorhydria. In the first case, where the stomach is producing an excessive amount of acid, prescribe one half a grape fruit without sugar, or a

few drops of dilute hydrochloric acid in water before meals—you will relieve the condition, other things being equal. Conversely in low acidity, a little milk or meat broth (either of which is slightly alkaline in reaction) will produce a reaction and cure within a short time.

DISCUSSION.

Dr. G. T. Harding, Marion: I have never heard a better essay read before the State Society than this one. In the early days of Homeopathy the Homeopathic physician taught hygienic practice, and he was looked up to because of this teaching of hygiene. Old Dr. McFarland was a physician in our county for sixty-one years, and the first principles that he taught in that community was the practice of hygiene. Hydrotherapy is a great help. I do not consider hydrotherapy a system in itself, but it helps Homeopathy, and can be used with the law of similars. I believe that nine-tenths of the cures can be produced by means of hydrotherapy. Take a case of croup. I was called out a short time ago to see a case of croup. As soon as I reached the house I said, "I would like a pan of cold water. I do not care how cold." I put a compress on the throat. The parents feared I would kill the child. I had to give it something, and so I gave it a little aconite to relieve the feelings of the parents, and shortly the child went to sleep and that was the last of it. The father said, "If you can do it that easily, we will do it ourselves the next time."

I went through an epidemic of cerebro-spinal meningitis in 1873. I do not believe I would have been so successful had I not understood the use of water. When I was quite young my mother was a great admirer of hydrotherapy. Had journals on that system of cure, and I had been taught it from childhood. In a case of headache, if the patient will bathe the feet in hot water, it will relieve the tension and the headache will disappear. You can cure cases of spasms by the hot bath, and many times cases of spinal meningitis can be cured by a foot bath every two hours. For ordinary croup, or congestion of the lungs, compresses on the throat and upper part of the lungs are of great value. I believe that nine-tenths of our cures can be aided greatly by the use of hydrotherapy.

Dr. E. H. Jewitt, Cleveland: As to the matter of eating and drinking, that, I think, should be regulated by a person's appetite and desires. When you want water, drink, when you want food, eat. Drink when you are thirsty, and eat when going to bed, if hungry. I have made it a habit of going to the pantry, and one of the best meals in the twenty-four hours is the last one at night. I never had stomach-ache in my life but once, and that was when a cousin gave me too much hot maple syrup and biscuit. It was an act of kindness on her part, but a little rough on my stomach. The whole matter of eating and drinking resolves itself into one proposition:

"Eat what you please,
And live at your ease;
You'll die all the same
Of a Latin disease."

Dr. J. W. Barnhill, Napoleon: Mr. President, I would like to ask the Doctor who has suggested cold applications to the throat and upper part of the chest, in case of croup, if he should find a patient suffering from a croupy condition, no fever, just a croupy cough, would he apply cold applications to the chest?

Dr. Harding: Immediately.

Dr. Barnhill: Have you ever had a catarrhal inflammation of the throat from the use of cold water?

Dr. Harding: No.

Dr. Hilborn (closing the discussion): Regarding the last question asked, I have never gotten anything but the best results from the use of cold applications in croup. My practice is to put a compress of gauze cloth wrung out of cold water over the throat, possibly sprinkling on a little salt; then bind on that a woollen cloth, which will not take up the moisture. As it warms up and dries out it produces the results looked for. I know a great many people will get good results putting cold on directly in allopathic doses, using the direct physiological action.

As to Dr. Jewitt's remarks, I believe that his statement is to a large extent true, and that healthy people should follow this course as long as they can stand it. When they get sick, by returning to this little scheme they will get well again.

BUREAU OF SURGERY, GYNECOLOGY AND OBSTETRICS

- Curtiss Ginn, M. D., Chairman Dayton
 "Acidosis Following Surgical Operations."
 C. E. Walton, M. D. Cincinnati
 "Congenital Hypertrophic Stenosis of the Pylorus.
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ACIDOSIS FOLLOWING SURGICAL PROCEDURES.

Curtiss Ginn, M. D., Dayton.

Acidosis, as commonly understood, is due to the formation and partial retention in the body of the acetol group of organic acids.

In this group of acids, we have according to their degree of oxidation:

1st —B. oxybutyric acid.

2nd—Diacetic acid.

3rd—Aceton bodies.

The probable mode of production, the pathology and the treatment of the abnormal condition has been most studied in connection with diabetes mellitus and diabetic coma. The cause of diabetic coma and death from this source being due to poisoning by this group of acetol acids.

The production of these acids is due to deficient or abnormal carbohydrate and fat metabolism.

The cystic vomiting of small children as has been shown, however, may be due to the aceton bodies without diabetes, or glycosuria. So the formation of aceton bodies in diabetes cannot be an essential part of the diabetic process itself.

And again the same symptoms are found in children that do not show aceton bodies or diabetes, but who do have an excessively acid urinary output, associated with an abnormally high ammonia co-efficient.

Now we have another group of organic acids formed in the body, by the destruction, or metabolism of the proteid bodies. These are the amido-acids. They may be divided into:

- 1—Monammo-acids, such as glycin and leucin.
- 2—Diammo-acids, such as lysin and valeric acid.
- 3—Aromatic ammo-acid, such as tryptophan and tyrosin.
- 4—Pyrimidon bases, such as thymine or cytosine.
- 5—Sulphur containing substance as thymine or cystine.
- 6—Ammonia.

Now whether any of the members of the group of organic acids are the offenders in these cases of cystic vomiting is not absolutely proven, but the appearances of such substances as leucin and tyrosine in the urine would seem to show some important connection, but clinically in acute acidosis following operations in which ether is used, I believe this to be the case.

Neither is our present knowledge sufficient to definitely settle the question as to the exact origin or mode of formation of these two groups of acids, but the facts we have, seem to show that the various acidosis or acidemias are due to a disturbance of liver metabolism.

We know, for instance, that one office of the liver is to transform the ammonium carbonate formed by the metabolism of cells into urea.

We know also that the metabolized nitrogenous waste of the body is eliminated by way of the ammonia-urea oxi-

dizing process by means of the liver and is excreted through the kidneys.

One point in which physiologists, pathologists and clinicians are agreed is, that an excessive excretion of ammonia in the urine is indicative of an excessive amount of acid in the body.

The body cells or the cells of any organ possess a ferment—a proteolytic enzyme—which under certain conditions is capable of splitting up its proteid constituents into nitrogenous and non-nitrogenous compounds.

The former or nitrogenous probably consist of ammonia compounds and the greater part of these are synthesized into urea and eliminated through the kidneys (Krehl).

The non-nitrogenous group formed by autolysis is excreted through the kidneys as organic acids—the amido-acid group.

Too great a discrepancy between proteid, fat and carbohydrate elements is followed by grave disturbances of the body metabolism.

For instance, the amount of ammonia in the urine is increased whenever the proteids in the diet are increased at the expense of carbohydrates—for the reason that the proteids form an acid ash.

The amount of proteid is increased furthermore whenever there is a pathological breaking down of tissue, as in autolysis, as this is equivalent to an increased proteid metabolism (Krehl).

Now whether the ammonia carbonate formed by the cell metabolism is seized by the excessive acids formed before it can be synthesized into urea, or whether the liver cells can be so badly damaged—as in phosphorus poisoning, or acute yellow atrophy—that autolysis takes place and the ammonia cannot be synthesized into urea is another point not wholly clear.

But from the fact that the administration of alkalies in sufficient quantity will cause the disappearance of ammonia from the urine it would seem that the former hypothesis might be correct.

In the latter case, however, we would have a double source of ammonia and acetol formation.

However, the fact remains, that more or less regularly in diabetes mellitus and in the cystic vomiting of children we have a group of symptoms more or less severe in type—associated with an increase of organic acids and ammonia in the urinary excretion.

In diabetes we find the acid to be B. oxybutyric acid or one of its more highly oxidized descendants—diacetic acid or aceton.

But in cystic vomiting due to acute acidosis with pretty much the same symptoms and with a high ammonia and acid output, the acetol group is not always found.

Does the absence of this particular group of acids from the urine make these cases any less than those of acute acidosis?

I think not, and contend that the acids present are those derived from the non-nitrogenous part of the proteid split up by autolysis.

This is the condition in the acidosis following the administration of ether and is present to a slight degree at least in a majority of the cases of ether anaesthesia.

The symptoms are headache, nausea, vomiting of large quantities, rapid dehydration of body tissue, tongue dry and brown with "strawberry edges," intense nervousness, temperature above normal but not high, pulse not much accelerated at first, but soft and variable as to volume, bowels constipated or in severe cases diarrhoea.

Every surgeon here can recall cases in which the post-anaesthesia period was marked by some or many of these symptoms and fraught with much anxiety to himself, cases in which the possibility of peritonitis, sepsis, post-operative adhesions and obstruction were gravely considered.

The condition is encountered more often in persons who are temperamentally or temporarily nervous.

It may be that this type is already in a condition of chronic acid poisoning and that the administration

anaesthetic is the last straw, or it may be again that the nervous dread and anxiety that attends any operation has temporarily put their metabolic process out of correct functioning.

Be that as it may—in the cases observed personally, pre-operative dread and fright have been very marked.

Many of the minor grades of this condition go unrecognized and remedy themselves in a few days but the severe cases may be recognized:

1st—By the extreme nervousness.

2nd—The slight rise of temperature in comparison with the gravity of their other symptoms.

3rd—A slowly rising compressible, but feeble pulse.

4th—Yellowing of the conjunctiva with dusky red flushed cheeks.

5th—Very grave nausea—with vomiting of large quantities of clear fluid, frog spawn, coffee ground or possibly fecal vomiting, but associated with this, is a bowel that is easily moved by the various enemas if indeed diarrhoea is not present.

6th—Urine below normal in amount, contains bile—urea contents diminished—very acid—ammonical in odor and may later contain mucus to such an extent that the urine is semi-fluid. It may also in the graver cases contain leucin—tyrosin and blood.

7th—Tympany present but not marked—the abdominal muscles are not rigid as in peritoneal infection.

8th—Fever comes on at about the same time as in sepsis, but as a rule does not exceed 102°-103°.

The treatment is comparatively simple and efficacious if the condition is recognized in time.

Alkalies by mouth, if tolerated—Sodium bicarbonate or preferably sodium carbonate by enteroclysis, if retained or even better in the severe cases because of its speed is—

Fisher's solution introvenously—500c.c.—Repeat every few hours until results are secured.

Under this treatment, the ammonia content of the urine and the other symptoms particularly the vomiting will promptly disappear.

Fever declines by lysis and the nervous symptoms are the last to disappear.

Many years ago I performed an abdominal pan-hysterectomy on a young old maid. She was a good surgical risk—the operation was short and clean. In three days she was dead.

She died of acute acidosis plus the reopening of her abdomen. I did not recognize this possibility at that time. She was extremely apprehensive concerning the outcome of her operation, despite my assurances—there was but little shock, but she had extremely severe post anaesthetic vomiting—the clear vomitus merging into frog spawn, and this into coffee ground substance. The vomiting was regurgitant in type. The quantity was enormous and lavage gave little relief. Her bowels moved after each enema, and flatus was passed—her abdomen but little distended, and not more tender than the wrenching of the abdominal wound would account for.

I had surgical consultation and we agreed that it was not a case of sepsis and that her chances desperate as they were might be bettered possibly by reopening her abdomen. Her abdomen was reopened on the third day.

But after doing so, there was no evidence of infection—adhesions, partial obstruction, or in fact anything abnormal to be seen beyond some injection of the stomach and intestines. Her urine had been ammoniacal, scanty and highly acid. It might have been that a prompt recognition of the acidosis and the administration of alkalis would have saved her life.

During the late flood, when a young merchant who sat on the roof of the building for some three days, wondering how his little family

and speculating as to whether it would be his fate to be drowned or burned. In our reconstruction period instead of retrenching, he enlarged his business, and carried a still heavier burden of responsibility.

In July last he had an attack of appendicitis, followed by more or less constant pain in that region.

In October, he decided that by rigid economy he could spare six days for an appendectomy, or seven if Sunday were utilized as the day of operation.

He consumed a great deal of ether for the short period he was under its influence.

During the first two days was constantly nauseated—vomited frequently and was excessively nervous and irritable. Bowels moved twice. He passed urine scantily and his abdomen was slightly distended.

On the third day his temperature was 100°—gastro-intestinal symptoms same except that the vomitus had become greenish—conjunctiva jaundiced—face flushed, a dusky red; urine contained amorphous urates, bile, ammonia, and crystals of tyrosin; trace of albumen, no sugar, no acetone bodies.

On the fourth day, temperature shot to 103°, pulse 116, respirations 32, bowels moved six times voluntarily, urine passed XIX ounces in amount, contents same as day before, minus the bile; regurgitant vomiting of fecal material from 8 to 20 times an hour. The side of face, anus and meatus urinarius excoriated from acid discharge.

The wound was reopened, to eliminate the possibility of infection. It was found clean.

A diagnosis of acute acidemia was made. Fisher's solution 500c.c. was given intra-venously at 9 A. M., and a second at 12 M.

By night the vomiting had become less and the crisis was passed.

There was another interesting feature, after the intra-venous injection, the urine became gelatinous from excessive mucus, later becoming bloody. He recovered completely.

I might mention that in the same room, a short time afterward, I saw a hysterectomy patient in consultation with the identical symptoms, barring fecal vomiting.

She also recovered promptly under alkali intra-venous injection.

CONGENITAL HYPERTROPHIC STENOSIS OF THE PYLORUS. RAMMSTEDT'S OPERATION.

Charles E. Walton, M. D., Cincinnati.

On March 16, 1914, there was born in Cincinnati, a man child, weighing 9½ pounds, and showing every sign of healthy baby-hood. There is no particular distinction attached to his being born on that day or in that city. Doubtless many other babies were born on the same day and in this same city, but it is to this particular baby I invite your attention.

His pre-natal existence was a stormy one. If he shows the same activity hereafter, he will be known among men as a "kicker." Not until the 4th month were we certain of his existence. He had been so retiring that the conclusion was formed that he had been loafing on the way and had spent his time in the left cornua of his ultimate place of development. Before many weeks his proclivities as a football player became very manifest, and continued until he was ushered into a larger field of activity. He nursed as should a normal child, and appropriated all the nourishment given him to such a degree that the bowel movements gave no indication of a residue. On the fourth day, that oleaginous friend of constipated babies, castor oil, was sent on a tour of inspection, and in due time reported an uninterrupted journey, but the "block system" on the route soon indicated trouble, and no more fecal trains were despatched. In the second week the stomach began to send up "S. O. S." signals. Neither milk nor water was retained

any length of time, and the projectile vomiting emphasized a gastric protest against further supplies being sent down into a receptacle which seemed to have only one exit. Bovinine, by rectal and lingual absorption was employed with the hope of giving the pyloric spasm, if such there was, time to relax. This seemed to maintain life, but any attempt at feeding was followed by vomiting as before, and some emaciation became apparent. The diagnosis of congenital hypertrophic stenosis of the pylorus was now made, although one of the characteristic signs of this condition, i. e., a palpable tumor, was not found. However, two legs of the diagnostic stool gave sufficient support—projectile vomiting, and no bowel movement. At the end of the fifth week the case was operated. Under chloroform anaesthesia, an incision was made through the right rectus muscle, and the tumor formed by the thickened pylorus, was easily brought to view along with the stomach, greatly distended with gas. The usual method of dealing with such a condition is to make a posterior gastro-enterostomy, but my attention had been attracted to the Rammstedt operation by an article in the New York Medical Journal, written by Dr. Howard Lilienthal of New York. This operation consists in making a longitudinal incision through the indurated tissue down to the mucous membrane, but not through it. This relieves the constriction and maintains the normal canal. No sutures are used, and the abdominal wound is closed. The simplicity of this method appealed to me and I adopted it for my case. The tissue cut like cartilage. Although I dissected a short distance on each side, and the canal bulged into the incision, the gas did not escape from the stomach, even though compressed by my hand. Inadvertently, and now I think fortunately, I had made a small cut into the canal. Through this opening, I introduced a small artery forceps and dilated the gastric end. The stomach became flaccid. I closed the opening with a No. 0 catgut, and sutured the abdominal wound. The bovine feeding was continued for 48 hours before putting anything into

the stomach. Then whey was tried and retained; this was followed by Nestle's Food, and soon the baby was crying every three hours for food, sleeping between times. The bowels began to move and recovery followed.

In the Journal of the American Medical Association of January 30, 1914, Dr. H. M. Richter of Chicago, reports 22 cases operated. 19 were typical posterior gastro-enterostomies; 2 deaths. On two babies was done a pyloroplasty, and on one pyloric divulsion.

In the February Number, 1914, of the Annals of Surgery, Dr. Chas. A. Scudder of Boston, after a systematic consideration of the subject of stenosis of the pylorus in infancy, reports 17 cases operated, with 3 deaths. These were all posterior gastro-enterostomies. He had previously collected 135 cases, with 49% mortality. Pyloroplasty also has been attended by a very high mortality.

Rammstedt reports two cases operated by his method, with recovery; Lilienthal reports one, with recovery; I add my one case, with recovery.

The shock is practically nil in this operation, which is greatly in its favor when it appears that it is shock that causes the mortality in the other operations.

Practical Points.

Hypertrophic stenosis of the pylorus is a condition demanding surgical treatment.

Hypothetical cases of pyloric spasm may be relieved by medicine, just as hypothetical cases of gall-stones made manifest by soap balls in the stools are cured by the administration of olive oil.

Cases of marasmus, inanition, defective mother's milk, acidosis, should not be mistaken for hypertrophic stenosis of the pylorus.

The projectile vomiting, palpable tumor, visible stomach peristalsis, meconium-like stools, epigastric fullness, and emaciation, should prevent and send the case to the surgeon.

DISCUSSION.

Dr. Lincoln Phillips, Cincinnati: I want to express my appreciation. When I received the program, I was delighted when I saw Walton's title "Some Things I Have Learned," for I knew his paper would be a brief one.

Dr. J. E. Studebaker, Springfield: There is only one question I want to ask Dr. Walton. The Doctor said that projectile vomiting, which we all know goes with diseases of the brain, is a sufficient diagnostic symptom of this condition of the stomach. I would like to have him in his closing remarks, explain to us how projectile vomiting is a symptom of this condition of the stomach. I take off my hat to the eminent Doctor from Cincinnati, who was one of the Professors when I went to school, and he has not lost his versatility.

Dr. C. E. Hetherington, Piqua: I have had the opportunity as a practitioner of medicine to make the diagnosis in one case to which I wish to call attention. The case was finally operated upon by Dr. Beck of Chicago, who made a gastro-enterostomy. The child was six weeks of age at the time. Practically all the symptoms presented by Dr. Walton were present in this case, except that after the second week the child ran a persistent temperature varying from 98 4-5 degrees to 101. The projectile vomiting, which occurred every day, was not always immediately following the feeding, but sometimes several copious stomach feedings would accordingly be retained and then vomited with great force after several hours. We had retention of food as long as eight hours without apparent digestion. The child was kept alive for six weeks by rectal feeding. The child was taken to Chicago and operated upon by Dr. Beck successfully. In this case, the projectile vomiting and the temperature suggested the possibility of some cerebral trouble, which Dr. Studebaker mentions, but the temperature was found to be so irregular, with entire absence of cerebral symptoms, that the diagnosis of pyloric stenosis was made and confirmed at the operation.

Dr. H. H. Wiggers, Cincinnati: I believe with Dr. Walton that the large majority of these cases do require

operation, but sometimes we meet a case in which the cardinal symptoms are present, and yet operation is not always necessary. I recall a case about three years ago, in a child. It was not a case of congenital stenosis, but it developed stenosis six weeks after birth. There was spasmodic contraction of the pylorus. The child lost a tremendous amount of weight, weighing $9\frac{1}{2}$ when born and getting down to 5 pounds. It had the characteristic explosive vomiting, and the characteristic appearance of the stomach after a meal. You could see the peristaltic motion of the stomach right through the abdominal wall. On the right side could be felt a distinct nodule about the size of my thumb. That child had practically no movement of the bowels except as the result of rectal feeding. There would be some material passed, but nothing characteristically fecal. We gave no food at all by the mouth. Gave belladonna internally, not strictly homeopathic belladonna. I gave the tincture of belladonna in one drop doses. After two weeks there was distinct relaxation. We then started to feed the child by mouth, in very small quantities, a few drops at a time, gradually increasing, until in a month from the time the diagnosis was made, this child improved and was really on the road to recovery. The child now weighs 38 or 40 pounds and is perfectly well from every point of view. Has never had any distinct stomach trouble. Of course his mother is very careful as to his diet.

SPINAL REFLEXES IN GYNECOLOGY.

Chas. L. Ireland, M. D., Columbus.

The use of the spinal reflexes in gynecology, when manipulated correctly, is of wonderful value in relieving abnormal conditions that may be found coming to us every day. Knowing that nearly every nerve has its origin in some segment of the cord, and has some duty to perform, to keep the equilibrium of organs and tissues normal, and when some abnormal or diseased condition presents itself to us, to be able to select the correct nerve supplying that organ, makes a very interesting study. From certain intervertebral foramen come the nerves that contract an organ or blood-vessel. From some other intervertebral foramina comes a nerve that dilates this organ. Another nerve will stimulate the secretory function of the organ. For example: concussion or sinusoidalization of the 10th dorsal vertebra contracts the pancreas and stimulates the gland to action and causes an excess flow of pancreatic juice. Another stimulates the secretory glands of the stomach and causes an excess flow of hydrochloric acid,—and so on, all through the body. Having demonstrated this fact time and again, and watched the contraction and dilation of an organ under the X-Ray, we now know it to be true.

If, for instance, you want to empty a stomach into the bowel, concussion or sinusoidalization at the 5th dorsal vertebra will stimulate the pylorus to dilate, and as the stomach is standing on end, when full and the shape of a cow's horn, with little end down, the contents will immediately be thrown into the duodenum. This can easily be demonstrated with a kaolin solution or sub-nitrate of bismuth, or any substance that will make a shadow with the X-Ray, and you will see the dark contents of the stomach immediately pass into the bowel. I use this method to wash out the stomach instead of the nauseating stomach tube.

In a test with the liver or heart, one can see the organ dilate or contract, with the aid of the X-Ray, when the right centers are stimulated. The old law that all sensations are reflected to the end of the nerve, holds good still, and by stimulating the root of the nerve, you have any organ under your command, and can do with it as you please. We and others have demonstrated this time and again.

One of the prettiest demonstrations I have seen was in Chicago, when studying under Dr. Abrams, author of Spondylotherapy. It was a case of atelectasis or lung collapse. A condition in which an entire lung, or only a pocket, is collapsed, and often taken to be a tubercular area by the X-Ray pictures, but when the lung reflex of dilatation is stimulated, the shadow disappears as the lung is dilated or expanded.

Knowing these things possible, we take up the pelvic conditions we are called upon so often to treat. Prolapsed ovary, colon and uterus. I have seen many cases of mal-poised uterus treated by the vaginal route with suppositories, tampons, electricity, douches, and what not, when the cause was not with the uterus, but due to some abnormal pressure from above, pushing the organ out of the normal.

Conditions like splanchnic neusthenia, where the abdominal veins are dilated and retain more than twice the amount of blood they should, we find to be one of the greatest causes for mal-poised uterus and prolapsed ovary. Enteroptosis is also a cause for these mal-poised conditions.

Finding this condition present, you will see how useless it is to treat this cause with local treatments. Use concussion or sinusoidalization at the 7th and 8th dorsal vertebra every day for 10 days, then three times a week for a while, each seance lasting from ten to twenty minutes, and tone up the exhausted splanchnic nerves. By going to the 7th and 8th dorsal vertebra, you are treating the nerves at the root; the sensation or impulse is reflexed to the end of the nerve, and you get directly at the cause. In

toning up the vaso motor nerves of contraction for the abdominal veins, you force the accumulated blood back into the circulation, removing the extra weight and giving relief to the organs below. If no adhesions exist, the uterus will float back into its normal condition.

On the other hand, if her sickness is due to sub-involuted uterus, you have a different cause. She will come to you with all the general symptoms that you find in splanchnic neurasthenia, but with usually a history of child-birth or miscarriages, or a feeling as if everything was going to drop out of her. Leg-ache, back-ache, etc. You would naturally think of her indicated remedies, but how much quicker you can cure her if you go to the first three lumbar, the vaso-motor centers of contraction, stimulate these nerves which have lost their tone, and with the aid of a speculum you can see the uterus contract. Repeated treatments will restore normal tone and the equilibrium of the uterus; give your remedy, if you wish, and it will complete the cure.

I always speak of curing prolapsed ovary with great timidity, for I know that the majority believe the same as I did—that nothing but an operation will relieve,—but I do know from experience, that prolapsed ovary, where no adhesions exist, and can be felt at the first examination, have disappeared and cannot be found at subsequent examination and patient experiences great relief. I have cured a number of cases of prolapsed ovary, and so far they have remained out of touch, and patient still well. I have often wondered if adhesions, so often found following operative work, cannot be broken up or loosened by stimulating first the vaso-motor centers of contraction and then the vaso-motor centers of dilatation and keeping this up, and so save the patient much suffering, and often a second operation.

I have a case where colostomy was performed on account of inoperable tumor in the lower bowel. About six or eight inches of the colon has prolapsed and is hanging on the outside of the incision all this time. I get this patient

in my office and stimulate different centers of dilatation and contraction of the bowel, and can see the bowel dilate or contract according to center stimulated. Then came the idea of breaking up adhesions in the abdomen.

The spinal reflexes are very valuable in diagnosis. We know that when an organ becomes diseased, the root of the nerve that supplies that organ will be very tender. Suppose your case had severe pain in lower right side. You think of appendicitis. She may have ovaritis, acute nephritis, passing gall-stone or renal calculi. It is hard to diagnose absolutely what she has, but examine her spine and if pressure with the thumb or blunt round instrument at the exit of the 2nd lumbar vertebra on right side brings pain, you know the appendix is the seat of the trouble, for the 2nd lumbar on the right supplies that part of the bowel. If the tender nerve proved to be the 3rd lumbar, it is her ovary, or the 10th or 12th dorsal nerve, you can rest assured it is the kidney. If the 7th dorsal right is tender you may suspect gall-stones. I consider this to be the easiest and surest method of diagnosis.

In conclusion, I want to say one word about the use of spinal reflexes in obstetrical work. In the case of rigid os, concussion of the 11th dorsal vertebra will cause immediate relaxation. In post-partum hemorrhage, concussion of the 1st 3 lumbar will contract the uterus and control hemorrhage much quicker than any remedy at your command or in retained placenta, concussion of the same vertebra will cause rapid contraction and assist nature in passing contents of uterus. I will say to any one who is using spinal reflexes and does not get results,—be sure you are at the right center, with your concussion or sinusoidalization before you give up and condemn the work.

DISCUSSION.

Dr. R. R. Hilborn, Akron: I want to thank Dr. Ireland for his paper. This is something I have been wanting to hear in our Society for some time, that is, something

about spinal reflexes. This is something that is coming rapidly to the front, and sometimes osteopaths and others are getting results in cases in which we seem to fail. This is very interesting, and I am very glad that it has come before us in this way. I hope we will have some discussion, some personal experience from our colleagues.

Dr. W. M. Baldwin: I would like to ask Dr. Ireland if his method of stimulation is always electricity, or does he use other means?

Dr. Ireland: You can use any method. I sometimes use pressure with the thumb, and then the rapid sinusoidal current, or vibrator. I use the rapid sinusoidal current more than anything else. Any method that will stimulate the root of the nerve will bring about the result.

A SURGICAL SURPRISE.

H. H. Wiggers, M. D., Cincinnati.

My particular interest in this subject arose from an observation of an unique case of diabetes mellitus in association with carcinoma of the breast.

A lady sixty-six years of age had been for several years under the care of a physician for diabetes mellitus. The sugar content of the urine varied. By dieting, it was somewhat reduced, but never entirely cleared up. She had noticed for a number of months a small nodule in her left breast, which became so active in its growth that she, in great alarm, called her family physician's attention to it, and he, upon inquiring concerning a scar, which he observed on the breast, learned that over thirty years before, a small nodule had then been removed from this same breast. He naturally feared a malignant growth, and upon close examination found nodules in the axilla. A radical operation was performed, and the entire breast and both pectorals were removed, and the axillary space thoroughly cleared out. The patient made a rapid recovery, with no

return until two years had elapsed. She, being a diabetic, we were naturally concerned about the urine, and had it examined the next day after operation. To our great surprise, it was less than the day before, and when she left the hospital it was entirely gone, and has never returned, in spite of a liberal sugar diet. Recently she began failing, her whole abdominal cavity became filled with hard nodules, and an ascites developed. There was no return of growth on the chest, nor sugar in urine.

Hahnemann in his *Organon* states in paragraph thirty-four: "No previously existing disease can be cured, even by nature herself, by the accession of a new dissimilar disease, be it ever so strong." And in article forty-five, "Two diseases differing in kind, but very similar in their phenomena and effects, invariably annihilate one another whenever they meet together, the stronger annihilates the weaker.

Van Norden states that the control of sugar formation and its distribution takes place in the liver, and that this function is influenced by other organs. He maintains that the pancreas inhibits the sugar formation and that the suprarenals increases the sugar formation and that the thyroid and the pancreas have antagonistic actions. The former inhibits the excitability of the latter. He makes no mention of the breasts in connection with diabetic cases.

Stark of New York, in a recent article, entitled "The Phenomenon of Pathological Antagonism, its Relation to Diabetes Mellitus," states carcinoma and diabetes seem to exert reciprocal influences and that he had found that if diabetes develops in a carcinomatous subject the intensity of the malignancy is in direct ratio to the severity of the diabetes. If, however, a carcinoma develops in a diabetic, the sequence is not the same, for at times its influence is favorable upon the diabetic symptoms, while at other times the latter is markedly aggravated.

He also states that chronic glycosuria often develops after other surgical operations. Examples are

Apparent cure after an appendectomy or after drainage of bile ducts, also after extirpation of uterine and ovarian tumors, even of malignant type. It is well known that an attack of erysipelas has been followed by the disappearance of neoplasms even of a malignant type. This has been known for many years and twenty-eight years ago, Bush and Fehleisen of Germany availed themselves of this curative influence, making it the basis of a treatment for the cure of inoperable growths. Coley later used the same principle, and included the bacillus prodigiosus and maintained that the mixed toxins exercised an antagonistic and specific influence upon malignant tumors.

In seeking an explanation of the nature and origin of pathological antagonism, it becomes apparent that our efforts are limited mainly to conjecture. Nevertheless, there are some fundamental biological principles which might be considered to exercise causative influence. The following are the more conspicuous:

1. Cellular activity. 2. The phagocytic power of leucocytes. 3. The hemolytic or bactericidal power of blood, and the production of antibodies. 4. The interrelation of the ductless glands.

The exact pathogenesis of intercellular activity by which disease neutralization is accomplished, is not easily explained. There is, however, one property of the cell which may have a distinctive bearing in this connection, namely, that of ferment or enzyme production, for we know that enzymes possess a marked antitoxic action. This characteristic is especially manifested in the gastrointestinal tract, where the bactericidal influence of the digestive ferments is always in evidence. One of the earliest facts established in bacteriology is that many bacteria and their toxins may be ingested by mouth with perfect immunity, a result which we are safe in assuming is partly produced through the antitoxic agency of enzymes.

Conheim tells us it is possible "that the enzymes of the alimentary canal are absorbed into the blood plasma which

then becomes their path from one organ to another. Strictly speaking, this would mean that the antitoxic effects of enzymes can make themselves manifest in diseases occurring simultaneously in distant organs.

Certain well-defined specific properties of blood can be turned to good account in explaining how antagonism between diseases can ensue. Among such are the comparative phagocytic power of leucocytes, the hemolytic or bactericidal power of blood, and thirdly the tendency to antibody production.

Phagocytosis, is thus a body defense against bacterial invasion, and as such exercises an inhibitory or antagonistic influence on all inflammatory processes. The index of phagocytosis for streptococci, staphylococci, and pneumococci is a relative quantity to such a degree that given a case of mixed infection, involving several kinds of microorganisms, one species of bacteria will eventually prevail at the expense of the others. Clinically, this is exactly what does take place when two inflammatory diseases attack an individual simultaneously, one or the other of the two will usually gain ascendancy, the tendency to neutralization of one or other bacterial poisons soon becomes apparent. How important a role is played in the production of pathological antagonism by the bactericidal power of blood, is much a matter of future research.

Antibody production, as one of the body's defenses against infection, no doubt, has some connection with antagonism of diseases. However, in the absence of definite knowledge, whether immune reactions are all due to the same antibody or to a variety of them, we can make no definite statement concerning the association of antibodies to pathological antagonism.

Turning our attention to the ductless glands as a factor in disease neutralization we are confronted with some interesting revelations. Today we acclaim the theory of the internal secretions, and admit that the theory of auto-intoxication which held sway so long, has not survived in

favor. The theory of the internal secretions dominates the medical mind so universally that it has given birth to a new era in medicine. That it has unfolded a profusion of mysteries of the pathogenesis of disease, metabolic disorders especially, there can be no doubt.

DISCUSSION.

Dr. W. A. Held, West Unity: I want to call attention to a case of ascites, well marked. The history was, that for two years the patient had had profound polyuria, passing an ordinary chamber of urine every night. At the time the ascites developed the urine became scanty. On one examination I found a trace of sugar. The question I wanted to ask was, if in the Doctor's case, after the ascites developed, the sugar disappeared from the urine.

Dr. Wiggers: At no time did the sugar return.

CESAREAN SECTION.

R. A. Buchanan, A. M., M. D., Lima.

When called to attend a case of labor at term, there are three paramount considerations that immediately present themselves to the judgment of the obstetrician.

First:—The procedure that will best conserve the immediate and subsequent well-being of both mother and child.

Second:—The procedure that will best conserve the immediate and subsequent well-being of the mother to the exclusion of the child.

Third:—The procedure that will best conserve the immediate and subsequent well-being of the child to the exclusion of the mother.

The last will seldom be considered, except in the event of the sudden death of the mother during labor, when there

is a possibility of delivering a living child by a postmortem Cesarean.

The causes of dystocia should be well understood. Probably the most frequent cause is the disproportion in size between the passage and the passenger, and the fault may be found in the passage, passenger, or both combined. The birth canal may be normal in every particular, and the presenting head may be abnormally large, or ossification of the bones of the skull may have progressed to such a degree, as to completely prevent the usual elongation and moulding which will permit it to engage in the superior strait. Should the quantity of amniotic fluid be sufficient, and the membranes remain intact, dilatation may progress favorably, and yet examination will reveal the head high up in the pelvis, and unengaged.

The expulsive pain will cause it to impinge upon the pelvic brim, but upon the subsidence of the pain the head will recede and will be freely movable above the brim.

This condition may persist for hours, and even with complete dilatation of the cervical canal, no progress toward delivery of the head is made.

Should the membranes rupture prematurely, or the amniotic fluid be scant, this same condition may present, but with little or no dilatation of the cervical canal.

A contracted, or an abnormally small pelvis, with a normal presenting head will present about the same train of conditions, except that an attempt of the head to mould and accommodate itself to the shape of the pelvis will be apparent.

It is much easier, however, to reach a decision when the birth canal is at fault, than when the presenting head is the cause of the delay. Careful measurement with the pelvimeter will give the dimensions of the canal, and the experienced obstetrician can reach a fairly accurate conclusion by a careful examination with the fingers. The measurements of the presenting head can only be approximated by the employment of any means at our command.

In premature ossification, a careful examination will show an absence of overlapping of the cranial bones along the suture lines, and the fontanels will be found smaller and less compressible than normal.

The hydrocephalic head is another cause of dystocia, but the presence of this condition brings the case under the second classification, and the well-being of the child is of minor importance, for even if born alive they are prone to early death or idiocy, and cranial puncture will relieve the cause of the dystocia, and permit delivery to progress favorably to the mother.

Malpresentations, such as shoulder, arm, brow, face or transverse, will, if the pelvis is small, present a problem to tax the best judgment of the obstetrician if the child and mother are to be saved. When the pelvis is large and roomy, the dilatation is complete, most of these malpresentations can be readily converted into a favorable presentation under anaesthesia, and successfully delivered by means of forceps or version. When the pelvis is small, or the tissues tense, and the cervix fails to dilate after a reasonable time, Cesarean section will afford the most favorable outlook for the safety of mother and child.

When a pelvic is known to be contracted, and pelvimetry discloses a diameter insufficient to accommodate a living child, the operation of choice should be a Cesarean section performed as soon as, or before labor begins. However, the head is sometimes capable of elongation and moulding to a remarkable degree, and no special harm results to either mother or child, if nature is permitted to make an attempt at delivery, provided the delay is not protracted until the mother is exhausted or the life of the child jeopardized.

In these cases the progress should be carefully observed, and extreme care must be exercised to preserve the asepsis of the vaginal canal, and the integrity of the membranes when making examinations. After a reasonable time has elapsed, if little or no progress is apparent, or if

it becomes apparent that it will be impossible to deliver a living child, the best interests of both mother and child will be conserved by a rapid Cesarean section.

When the pelvis is normal, but after repeated pains, extending over a sufficient period of time, the head is found floating above the pelvic brim, either with or without dilatation of the cervix, the procedure of choice should be a Cesarean section, as the foetal mortality is high in high forceps deliveries, and the mother will recover much more quickly and completely from the traumatism incident to a carefully performed Cesarean section, than from the traumatism, usually incident to a high forceps delivery.

I am firmly convinced that forceps should not be applied to an unengaged head, if the welfare of both child and mother are to be considered, provided it is at all possible to arrange for a Cesarean section.

Unless the membranes rupture spontaneously, care should be taken to preserve them intact until dilatation is complete, and the head is engaged. By so doing, the ingress of septic material through the cervix will be reduced to a minimum, and a conservative operation may be performed, if a Cesarean section should become necessary, instead of the radical Poro operation, thus minimizing the amount of shock and shortening the period of convalescence.

As referred to previously, in the various malpositions, unless the pelvis is roomy and it is fairly evident that a living child may be delivered by version or other means, a Cesarean section gives the best promise for a living child with no added risk to the mother, provided the operator is competent to do clean and rapid work.

Placenta praevia presents a condition that is the bane of every obstetrician, and requires the coolest judgment and most rapid action if life is to be saved. This is especially true if the attachment is central. The prospect of delivering a living child by the usual method of rapid dilatation of the cervix, tearing through the placenta, and drawing the child forcibly into the dilated cervix to act as a

plug to control the hemorrhage, is extremely remote, and the prospect of the mother dying from hemorrhage during the procedure is alarmingly great. In preference to this procedure, the cervix and vagina can be tightly packed with sterile gauze, and a rapid delivery made by the abdominal route, and the hemorrhage is immediately under the control of the operator. The time required for the delivery of the child and placenta by the abdominal route will be insignificant compared with the time required to dilate the cervix sufficiently to permit the insertion of the hand, and the drawing of the child into the cervix. The hemorrhage will not be nearly so great, and the mother will be saved the shock occasioned by the copious loss of blood which accompanies the vaginal procedure; this in addition to the greater prospects of a living child.

Cesarean section has recently been advocated in cases of eclampsia for the rapid evacuation of the uterus. Fortunately in my practice, I have never had a case of eclampsia and cannot discuss this from actual experience, but from the fact that the rapid emptying of the uterus is primarily indicated in this condition, I believe the exponents of this plan are on the right track. The uterus can be emptied in from two to three minutes by the abdominal route, and I have never yet seen a cervix that could be dilated and a delivery completed under an hour, or more, by the usual methods.

Just a word in passing; I believe the treatment of eclampsia should be instituted before the convulsions occur, and a large percentage of eclamptic cases can, and will be prevented so soon as the laity and profession recognize the necessity of requiring the prospective mother to report to the physician every one or two weeks during the last three months of pregnancy, for the purpose of keeping careful watch over the blood pressure and the kidney secretions. An increase in the blood pressure or the appearance of albumin or acetone in the urine is an indication of trouble, and proper treatment, promptly instituted, to increase the

elimination of the retained toxins will prevent this dreaded sequel in the majority of cases.

A cause of dystocia that presents positive indications for Cesarean section is the presence of a tumor, low down in the pelvis, which obstructs the pelvic inlet to such an extent that the down-coming head cannot engage. This may be caused by a fibroid in the lower uterine segment, by a pedunculated ovarian cyst, or a growth on the pelvic brim.

In elderly primipara with a normal pelvis and normal foetal head, the tissues will often be so tense and inelastic, that after a long period of hard labor pains, little progress is manifested. Anaesthesia will sometimes relax the tissues and allow the head to engage, or gelsemium tincture or a hypodermic of morphine may cause relaxation; but there are cases where nothing seems to avail. Delivery with forceps, with all the care and precaution possible is almost certain to result in extensive laceration of the soft parts, and the long continued pressure is very prone to result disastrously to the child. If labor is allowed to proceed unassisted, the mother will become worn out and exhausted, and a long tedious, and many times incomplete recovery is the result, and often a still born child is the mother's recompense for the ordeal.

In these cases Cesarean section will offer the shortest and safest procedure, and will be followed by a more rapid and complete convalescence, with a smaller percentage of still-born children.

The possibility of a Cesarean section should be borne in mind when assuming the care of any case of labor, and the decision, for or against, should be made before the application of forceps or the rupture of the membranes, if possible. The application of the forceps increases the danger of sepsis, and renders conservative operation hazardous to the mother, as well as decreasing the vitality of the child, and to fulfill the indication of the best interests of both mother and child, the application of forceps should be avoided if a Cesarean is contemplated. I firmly believe in

the use of the forceps to assist labor, but they should be used after the cervix is dilated and the head is engaged in the superior strait.

While Cesarean section is one of the oldest operations on record, yet, it has been neglected many times when child and mother could have been saved, had the operation been done.

There was a time when many lives were lost by delay in operating for appendicitis, and many are lost or subjected to a long tedious convalescence still by delay in this disease. The same will hold good in the Cesarean operation; when the profession and laity become educated to the benefits to be derived from the early performance of this operation, many lives will be saved that are now lost and many mothers will be saved the immense amount of suffering that follows in the wake of traumatism to the birth canal, due to the injudicious use of high forceps.

There are two routes that may be followed in performing this operation, the extraperitoneal and the transperitoneal. Personally, I prefer the transperitoneal route, as I believe the advantages claimed for the extraperitoneal route are more than offset by the disadvantages, and I use the high abdominal incision as described by Davis of New York.

The patient is prepared as for any emergency abdominal operation, a 1-5000 bi-chloride douche is given, and an enema, if there is time. The abdomen is painted with 50 per cent iodine which is allowed to dry for a short time, and the excess is sponged off with alcohol. The site of the incision is surrounded with a sterile sheet and the edges clamped close to the edges of the skin incision with towel forceps. The incision, about four or five inches long, is made above the umbilicus and the uterus, which will usually be found rotated toward the right side, is rotated to the left sufficient to bring its anterior surface opposite the abdominal incision. A long moist gauze strip is quickly placed around the site of the uterine incision to protect the abdominal cavity from the fluid in the uterus. An assistant

steadies the uterus by pressure on each side of the abdomen. An incision is then made in the upper and anterior uterine wall sufficient to admit two fingers which are quickly inserted within the uterine cavity. The point of the scalpel blade is placed between these fingers and the incision quickly enlarged, using the fingers as a guard. In many cases the incision will be directly over the implantation of the placenta, but this is of no material consequence other than the annoyance caused by a rather free hemorrhage for a second or two. The hand within the uterus is now simply turned over and pushed through the membranes, or if the incision is over the placental site it is pushed directly through the placenta, and the child grasped and rapidly delivered. The uterine incision must be large enough to permit the extraction of the child without tearing the uterine tissue.

Artery clamps are snapped on the cord which is cut out between them and the child turned over to the nurse.

As the child is delivered, an assistant slips the hand behind the uterus and tips it up into the abdominal incision and places a moist towel under it. If the intestines tend to well up into the incision, the edges may be temporarily approximated by means of a towel forcep. The hemorrhage is controlled by an assistant compressing the uterine artery on each side between the thumb and finger, or a Novaro intestinal clamp may be placed on the broad ligament on each side. The placenta is quickly detached, care being taken that no membrane is left adherent to the uterine wall. If the cervix has not been sufficiently dilated to permit proper drainage, it should be dilated, and after the uterine cavity is sponged dry, the uterine incision is closed by two layers of interrupted stitches. The first layer of No. 2 twenty day catgut is placed at intervals of about two-thirds of an inch, and takes in the entire thickness of the uterine wall down to, but not through, the mucous membrane. These stitches should not be tied until the uterus is well contracted, and should be tied fairly tight, else the continued contraction

the uterus will tend to loosen them. The second layer of No. 1 twenty day catgut sutures are placed midway between the stitches of the first layer and catch about one-third the thickness of the uterine wall. A running suture of fine Pagenstecher thread may be used to approximate the uterine peritoneum, but is not necessary.

The uterus is now dropped back in place and the abdominal incision is approximated layer by layer. No. 1 catgut is used for the peritoneum and fascia. Beginning at the lower angle of the incision, the suture is inserted through the fascia and peritoneum, and the loose end caught in a forcep. The peritoneum is closed by an over and over stitch, when the upper angle of the incision is reached the suture is brought up through the fascia and the fascia closed in the same manner. The two ends of the suture are tied at the lower angle, thus leaving but one knot buried in the incision. If the abdominal walls are fat, a few stitches of No. 0 catgut will obliterate the dead spaces, and the skin is closed with a continuous subcutaneous silk worm gut suture.

When an attempt has been made to deliver with forceps, it will be safer to make the incision beginning above and extending below the umbilicus, and long enough to permit the delivery of the uterus intact. Then thoroughly protect the abdominal cavity before opening the uterus. When it is evident that infection has been carried within the uterine cavity, it will be safer for the mother, to remove the uterus by the Poro method. The matter of sterilization should be clearly and concisely explained to the patient and the husband, and the surgeon should abide by their decision. If sterilization is requested the tube may be tied off close to the uterus and cut. A small V shaped piece is removed from the uterine wall at the point of insertion and the peritoneum closed over it.

The skin sutures are removed the eighth day and the patient allowed to sit up in bed, may sit in a chair on the

tenth day and leave the hospital from the twelfth to the fourteenth day.

I wish to report two cases.

Mrs. M. Age 22. Primipara.

Labor began at four P. M., Friday. I saw her first at 3 A. M., Saturday. Pains were severe at three minute intervals. Examination revealed the cervix thin with no dilatation. A second examination three hours later showed no progress. The head impinged upon the pelvic brim and receded as soon as the pain stopped. I saw her again at 3:30 P. M. Pains at two minute intervals and lasting almost a minute. Examination showed no change in conditions. At 10 P. M., after continuous labor there was no progress, and pelvimetry showed the pelvis to be practically normal. The suture lines in the presenting head were indistinct and the fontanelles small. The pains ceased about midnight and the patient rested until 4 A. M., when they again began. I saw her about 8 A. M., Sunday and while the patient's strength was well sustained there was no further progress.

I carefully explained the condition to the family and asked for consultation. They insisted on waiting until afternoon, and at 4 P. M. Dr. T. R. Thomas saw her with me, and we decided that a Cesarean section was the proper procedure, and we finally obtained the consent of the family. The patient was removed to the hospital and the operation was performed at 9 P. M. Time of operation from beginning of incision to delivery of child was four minutes, and the operation was completed in forty minutes. The child did not require resuscitation, and the patient went home in a carriage on the fourteenth day and was doing her housework at the end of four weeks. Sterilization was not done and she is again pregnant. Ossification of the head had progressed to an extent usually found in a child two months old, and the measurements were bi-temporal 11 cm (normal 8 cm); biparietal 12 cm (9.25); occipito-frontal 15 cm (11.75); occipito-mental 16 cm (13.5); occipito-bregmatic

12 cm (9.5). The amniotic fluid was scant and the head showed no tendency to mould. The comparison of the measurements with the average normal will readily show the cause of the dystocia, and the inevitable outcome had we attempted to dilate the cervix and deliver with forceps.

Case II—Mrs. W. Primipara.

I was called in consultation with Dr. C. L. Yakey. Found the patient had been having severe pains for fifteen hours. Examination revealed an ossified head and a laterally contracted pelvis. Cervix dilated about the size of a quarter, with no tendency of the head to engage. Cesarean operation was advised and at once agreed to, and the patient removed to the hospital and prepared for immediate operation. Time of operation from beginning of incision to delivery of the child was three minutes, and the operation was completed in forty-one minutes. The child did not require resuscitation and the patient sat up on the tenth day, and went home in an automobile on the thirteenth day. This patient was sterilized because of the contracted pelvis.

Conclusions:—Cesarean section offers a better chance to both mother and child than a high forceps delivery. The mother will recover from the operation more quickly and completely than from the effects of the extensive traumatism and laceration of the birth canal incident to a long tedious forceps delivery. The danger of infection is decreased and the percentage of still births will be lessened.

Forceps should not be applied until there is assurance that the delivery can be accomplished with the minimum traumatism to both mother and child.

The Cesarean operation if done in time will save the lives of many children who would otherwise be lost, and preserve the life, or prevent much subsequent suffering for many mothers.

The operation is no more difficult than is the ordinary laparotomy, and the risk is no greater, if injudicious interference has not been attempted before resorting to the Cesarean operation.

THE INDICATIONS FOR CESAREAN SECTION.

Hudson D. Bishop, M. D., Cleveland.

Since the field for Cesarean section has been so greatly widened I have heard a great deal of criticism of operators who have performed the operation for one of the new indications. The opinion seems to be quite general among the members of the profession, who do not do Cesareans, that the operators, in all too many cases, perform the operation for the chief object of making a grandstand play, many of the operations not being necessary.

I am convinced that this attitude on the part of the men who criticise, is the result of the fact, in the majority of cases that they do not reason correctly concerning the merits of the individual cases. Take for instance, a case such as the following: A is consulted during the later months of pregnancy and strongly advises Cesarean section. The patient wishes further advice and consults B. B advises just as strongly against Cesarean section. B gets the case and the woman is delivered without instrumental interference.

If one considers the facts only as stated, A is necessarily subject to criticism. But in justice to A one should assume that he is a competent obstetrician, and that he did not advise Cesarean section without having found some factors bearing upon delivery that led him to think it would be the safest method of delivery. Perhaps he found a primipara of nervous type with a flat pelvis of the borderline variety and a relatively large child. Or the case was a multipara with a history of difficult instrumental deliveries, with death of one or more children. With either of these cases, A's advice was well within the range of the best obstetric practice and if he is subject to criticism at all it should be only to the extent that he did not decide to give the woman the test of labor, holding Cesarean section in reserve. But even admitting this mistake on the part of A in my opinion, B is more to be criticized for the reason that

he took a greater chance of the patient coming to harm. He took the gambler's chance and the fact that he won is no evidence that his judgment was better than A's. No matter what his experience, he could not forecast the course and termination of labor in this particular case. No one can do it and in such cases where we are liable to have a dystocia the only safe plan is to do either the radical operation or give to woman a chance to show what she can do towards delivering herself. Cesarean section should never be forced upon a woman without sufficient cause and in certain cases not until after the test of labor, but we cannot afford to be too conservative in our consideration of its indications, for the reason that the longer our conservatism compels us to wait, the less the chance for success with the operation. It is an operation that must be considered in a greatly increased number of obstetric complications if we are to give our patients the best there is in obstetric art. The trend of obstetric progress is toward helpfulness. The man who characterizes any operation intended to be helpful as meddling interference is not criticizing the method but the man. A forceps delivery may be meddling interference, though it is rarely so. It ought always to be helpful interference. So with every obstetric operation, and particularly so with Cesarean section. It has its definite indications and we cannot afford to be too conservative and not follow them.

The object of this paper is to point out the indications for Cesarean section as follows:

1. Pelvic contraction. The indications for the operation have been extended to a much wider range of cases of mechanical obstruction than heretofore. The object sought in adopting this radical treatment is to avoid the exhaustion of the mother from a prolonged and difficult labor and to give the child a greater chance of survival. Both of these objects are attained if the operation is done when the conditions are favorable. The conditions, however, cannot be favorable in all cases until ante-partum

knowledge of the degree of obstruction that is to be expected in a given case is more generally secured than it is at present. The proportion of abnormal deliveries is so small that physicians do not feel compelled to make careful measurements of the pelvis and an estimation of the size of the child in every case that comes under their care. Even in the case of a multipara with a history of previous difficulty in labor we are too often inclined to be optimistic and will not look for possible trouble. This is, of course, all wrong and we are not doing our duty as obstetricians if we allow a case to go into labor without knowing whether or not we have a mechanical obstruction to deal with.

It is not to be supposed that one would fail to recognize a case of absolutely contracted pelvis (*conjugata vera* 5.5 cm. in flat and 6 cm. in the generally contracted pelvis) or a case of relatively contracted pelvis (*conjugata vera* 5.5 to 7.5 cm. in the flat and 6 to 8 cm. in the relatively contracted pelvis). The indication in these cases is Cesarean section absolutely except in the case where *conjugata vera* approaches the larger measurements and then only if the child's head is small.

It is in the case of a moderately contracted pelvis (7.5 to 9 cm. in the flat and 8 to 9.5 cm. in the generally contracted pelvis) and the border-line case (above 9 and 9.5 cm.) that the most serious consequences from lack of antepartum knowledge of contracted pelvis occurs. A timely recognition of the obstruction in these cases gives one the choice between Cesarean section, premature labor, effort at spontaneous labor with forceps and pubiotomy in reserve. These are the cases that are most often deprived of the benefits of Cesarean section for the reason that it is not considered at all until the labor has progressed to a point where it is evident that no other method of delivery will save the child. Most often when this time has arrived the conditions are not favorable for a Cesarean section.

The induction of premature labor in these cases is a perfectly justifiable method of treatment insofar as the

interests of the mother are concerned provided the technic is good. For the child it is not a safe procedure for the reason that premature infants suffer greatly from the traumatisms of birth and furthermore the problem of nutrition after birth is a very difficult one. On account of the doubtful prognosis for the child I believe that induced labor should give way to Cesarean section.

It is good practice to give a primipara the benefit of a test of labor in all of these cases except one whose pelvic measurements approach those of absolute pelvic contraction for the reason that none can predict what a primipara will be able to do towards effecting a spontaneous delivery. But the conduct of labor should be such that Cesarean section can be done at any time if the condition of the child becomes dangerous or there is evidence that the child cannot be delivered with forceps. Pubiotomy is a means of treatment that is valuable when one is in doubt as to the conditions being favorable for Cesarean section. If the case is a multipara with a history of previous dystocia, the test of labor should not be given. The most reasonable treatment is elective Cesarean section, the operation being done as soon as labor begins.

Finally, Cesarean section is indicated in all cases of contracted pelvis where there is an abnormal presentation of any kind or any position that is unfavorable to delivery.

2. Placenta previa. Cesarean section has pretty definitely established itself as the safest method of delivery in the more dangerous forms of placenta previa, namely, in primiparas with a previa of any variety and in multiparas with a placenta that is wholly or partially central or with a placenta of any variety if the cervix is rigid from any cause whatsoever. The operation should be done without delay as soon as the diagnosis is made.

3. Separation of the placenta. There is still some conflict of opinion as to whether or not Cesarean section is the best method of treatment in concealed hemorrhage. To me it seems that there are the same indications for a

rapid emptying of the uterus as in placenta previa. One is much more in doubt as to the extent of the hemorrhage on account of the fact that it is a concealed hemorrhage, often for some time after it has begun. I believe that the operation should be made as soon as the diagnosis is made and whether or not the child is in bad condition or dead.

4. Eclampsia. There have been a number of cases reported in which Cesarean section has been done for toxemias at or near term. The reason for this treatment is based upon the opinion that in severe toxemia either with or without convulsions, the uterus should be emptied without delay. There are many conditions which make rapid dilatation followed by version and extraction more difficult than Cesarean section.

5. Other indications. Other conditions that call for Cesarean section are as follows:

Prolapse of the cord in a case in which the child is in danger and rapid delivery is impossible; diseased conditions of the soft parts which cause mechanical obstruction; dystocia from uterine fibroid, ovarian cyst, ventral and vaginal fixation, excessively large child, and unfavorable cases of face and transverse presentation. Finally Cesarean section should be considered in cases where the woman is unfit to withstand the nervous and physical strain of labor. This applies especially to cases of organic heart disease and to women of sensitive nervous fibre who face a prolonged and possible instrumental delivery.

In conclusion, I wish to emphasize several important facts bearing upon Cesarean section as follows:

(1) The success of Cesarean section as it is done to-day is due not so much to improved technic in the operation itself as to the fact that the patients come to operation in a condition favorable for it. The cause of maternal mortality in the majority of cases is sepsis and the origin of the infection always dates back to the efforts already made to effect delivery. What happens in the conduct of the case before section is made has more to do with

prognosis than the details of the operation itself. This fact should be appreciated more fully, even, than it is at present. Whenever we attend a case in which we expect a difficult birth, whether or not the possibility of doing a Cesarean section has been considered, we should observe the most rigid aseptic technic and as few vaginal examinations as possible should be made. It ought to be a rule in the conduct of labor that the slower its progress, the less frequent the vaginal examinations.

(2) Just as important, also, is the fact that a difficult labor should not be permitted to continue until the patient is in a state of profound exhaustion from physical exertion and loss of rest and sleep. If the bag of waters is intact, these patients should be given rest and sleep by means of morphine hypodermically, thus conserving their resisting powers and keeping them in better condition for possible operative treatment.

(3) The careful operator will hesitate to do a Cesarean section upon a patient who has been for a long time in labor if she has been repeatedly examined by a man whose technic is faulty, especially if forceps have been used.

(4) If the bag of waters has been ruptured a long time, if the lochia is fetid, if the patient has fever, Cesarean section is absolutely out of the question unless a Porro's operation is done.

(5) When the time comes that Cesarean section is done on all cases in which it ought to be done and when all these cases come to the operation in a condition most favorable for it, then most of the disability and mortality following difficult labor will disappear. If this paper helps to reach this desired end, its object will be attained.

DISCUSSION.

Dr. L. E. Siemon, Cleveland: It seems to me that if any one thing is to be deduced from these two papers, it is the fact that our chief business should be to learn things early which ordinarily are learned too late. Now, this bear-

ing of children is such a common, every day occurrence that it is apt to get a little bit monotonous, especially if the woman is due about the time the State Medical Society meets, or when some other important function is likely to take place, making the baby business an inconvenience to us. To the busy man and woman, the baby case is often a source of irritation. It interferes with your work from time to time, throws your business into an uproar, robs you of sleep which you feel you need more than the fee you will get out of the case, and sometimes bothers you in other directions. Therefore, I say, that the lesson to be derived from these two papers is, that we should be informed on this subject relatively early. Those of you who are fortunate enough, or unfortunate enough to be called in consultation in difficult confinement cases, always feel that if the patient had been given a little more time, or if things had not been so completely mussed up before you were called, you would have been in much better position to handle the case. The Doctor has mentioned the particular reason why so much mussing up takes place, when he says he had to fight this woman and her family before getting consultation. And yet, these people cannot understand why Mrs. So and So cannot be just as easily delivered as any other woman, and the tendency is to look upon you as being a mere marplot, and inefficient, if you do not so safely deliver her, as you did some other woman, or as some other man did some other woman, and therefore, when you finally arrive and ask a few salient questions, you find the attendants too often uninformed. There is a vagueness about the information as to the exact pelvic accommodation; a sort of indefiniteness about the size and location of the head, and even with the very best of us there is extreme difficulty in determining whether it is a right or left position. It may be a female child, and generally the heart has the faculty of beating in so many different places at so many different times in the female, that you are in doubt whether the child lies on the left or right side. Males, being more constant, naturally do not give us that disturbance. Now what is the answer to this Cesarean question that has been asked by a large majority of the men and women practicing throughout the State, where facilities are short, and help is absent? I would hate to have some of the women, whom I believe have been damaged through my inattention or inability, confront me in the presence of this Society at this moment, cases in which, as a matter of fact, I have been able to get away with the sit-

uation without any one really suspecting it but myself. I am perfectly satisfied that in nearly every one of these instances, whatever trouble came about was due to the fact that I was not properly and completely informed at the time when I should have been, of some important questions like measurements, mal-presentations, pathological growths, and other things I was not entirely sure of, or had found at a rather late date to be on my guard.

There is also this to be remembered: This Cesarean section business has got to be quite fashionable for women who court the operation, and want to have the wonderful distinction of having been through that wonderful operation, of which they can brag for years to come. I recall some time ago, a superintendent of a hospital in Cleveland telling me with great eclat, that so many Cesarean sections had been made in that institution within the confines of one year. He forgot to inform me, or did not inform me, that one of those sections had been made on a black woman, from whom a five pound baby had been taken, who had delivered herself, normally, two or three years before of a seven pound child. I do not say that there may not have been good reasons for the operation in the later case.

Dr. Upham, just a moment ago, called my attention to a situation, where a Cesarean was done on a lady in one of the charitable institutions in this city, and successfully done. A little later the same operation was performed upon the same woman by another intern of the institution, and he also had a mortality that was satisfactory, and in discussing the case with the first intern he said, "Why did you do that operation?" "Well," he said, "I had reasons to believe that the woman had had an attack of gonorrhea, and I wanted to relieve her of any chance of trouble to herself or child." "Why did you do it?" "Why, because you did it." Now, too often those are what are considered good and sufficient reasons for performing what is considered a very serious operation. I have two or three indictments hanging over me for not having delivered women by the Cesarean section route, whom I successfully delivered by forceps.

BUREAU OF CLINICAL MEDICINE AND PEDIATRICS

- Lincoln Phillips, M. D., Chairman Cincinnati
 "Night Calls. Some Personal Reminiscences."
 Josephine M. Danforth, M. D. Cleveland
 "The Wasserman Reaction."
 J. Richey Horner, M. D. Cleveland
 "The Diagnosis and Treatment of Autointoxication."
 J. H. Cook, M. D. New Carlisle
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 S. R. Geiser, M. D. Cincinnati
 "Some Unusual Phases of Spinal Diseases."
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 "Some Sheet Anchor Remedies in Children's Diseases."

"NIGHT CALLS—SOME PERSONAL REMINISCENCES."

Lincoln Phillips, M. D., Cincinnati.

There are several reasons for this "Epistle to my benighted brethren." I had to have a certain number of papers for the Bureau. I needed one more and I thought it easier to write it than to write a half dozen letters to some either busy or neglectful brother trying to get him to write it. Thus you see I get credit for being a hustling Chairman. Again, I have taken a subject that required no poring over musty and unused text-books or hunting over case files, but one that just writes itself. Finally, I thought you would all be surfeited with high-brow lore

and that a little side line effusion might prevent callous places on the cortices of your cerebri.

Now I ask you to bear with me if you have heard me recite some of these reminiscences, for you should remember I have listened patiently and often to some of your marvelous investigations, successes and cures that you have, or are about to profoundly elucidate.

But to return to our subject. I have found after quite a few years of practice that the great majority of night callers are afflicted with a not uncommon and yet difficult ailment—"Deadbeatitis." It is alarming how insistent and urgent are their demands and how persistent they are in the procrastination of financial aggrandizement.

On answering my door bell one night I found an ebony-hued man who stated that "One of my children is powful sick and ain't in no way gittin along at all and Dr. So and So, a culled doctor, is treatin hit and I'd like very much if you'd all come down and meet him and hold a convulsion over hit." Not being, like another widely quoted doctor, "Hell on fits," I had to decline.

Another colored brother who had been imbibing and mixed up in a little friendly razor fracas disturbed my peaceful and innocent slumbers with the request that I sew up the back of his neck. He was covered with gore from the crown of his wooley head to the soles of his very generous sized brogans and kept looking up with his head drawn backward. I asked him why he held his head that way and he said, "Boss, i'se cut so bad in de back of ma naick that I'se afraid my haid will drap off if I look down."

A white "gemman" nearly pulled my door bell out by the roots one night and requested me to accompany him forthwith as his wife was having a baby and needed a doctor—another case of "Deadbeatitis." We proceeded hurriedly, clothed in our right mind but only partially otherwise. We found a husky youngster squawking away. The miscellaneous neighbor ladies proceeded to have some fun with the "Doc" by telling him he was "a slow poke"

and might as well go on about his business as his services were not needed. The husband was also inclined to grow facetious but I soon had his goose cooked, for I noticed the mother still had a suspiciously large abdomen and told him I was in plenty of time and my services were still needed. He began to turn pale and said, "For the love of Mike, what do you mean, Doc?" When I said it was twins he began to whimper. They were twins to a dot and on examination I found an anomaly that I had never seen recorded. They each had a tooth through and in both it was the lower left lateral incisor. Can you match it?

I had retired one cold, dreary night after a hard day's work and was meandering, in my dreams, along a cool, beautiful trout stream that wound its way through a flower-embossed meadow. I was awakened by the jangling of my night bell. I, in reality, wended my chilly way to the door and found a man for whom I had never rendered any services. He inquired if I knew "Dr. Z on Woodburn Avenue?" I said I knew of him but did not know him. "Did I know if he was at home?" I most certainly did not. "Well, he is my family doctor and one of my children is sick and I thought you would know if he is at home and would call him up and have him come to see my child." Most of you, having known me for some years, can loose your imagination and guess fairly well at what I thought and said.

I recall an incident of my student days. My preceptor had as a patient a quaint, peculiar, rather elderly maiden lady, who had fallen violently and suddenly in love with a man much younger than herself. She used to drop in at almost any unexpected hour. She came in late one night in my preceptor's absence. Her beau had written asking for an appointment to call. She wanted to get word to him, but she would not write him, for "There isn't a man living worth the trouble." She wanted and insisted I should hunt him up and deliver her message. Being a callow youth and desirous of not only pleasing my pre-

ceptor but his patients as well, I foolishly consented. We started out—the hour was late—the streets deserted. The way lead to a dark, distant part of the town. When we reached there she did not know exactly in which house he lived. Plucking up courage I pounded on the first door I came to. A head appeared at an upper window. I inquired for the gentleman. “No, he did not know where he lived and he’d be blamed if he cared to know where he lived.” I was for quitting right there. Not she. After urging I tried door number two. Same result—only worse. I again demurred. She still insisted. Door number three. Result? Infinitely worse than one and two. The windows of the neighborhood began to be thickly populated. Murmurings, mutterings and threats began to be heard. In spite of it all she still insisted. Expecting every minute to have my sacred and much beloved hide very neatly and thoroughly punctured with the fine and insistent bird shot or the coarser and more to be dreaded buck shot, I retreated in disorder. The rout was complete—as far as I was concerned. She was finally induced to give up the quest. She thanked me very cordially with the remark, “I know if I had been a man I could have found him.” Thinking discretion the better part of valor I decided to remain a youth temporarily at least and not grow to manhood so suddenly.

Another incident occurred during my student days that I often recall. Another physician in the town had a night call far out in the country and as it was dark and stormy he wanted company, so called me up and asked if I would not go with him. I consented. The way was long and sure dark. After each flash of lightning it was still darker—if possible. After coming near driving over embankments and tumbling into the creek, several times, we reached our destination. After administering to the patient’s needs the doctor thought to make himself solid with the family, by telling them how hungry he was after the long ride and how much he would enjoy a big piece of one

of mother's pies. Mother said she was a poor cook and hadn't a pie in the house. The doctor insisted, saying he knew she was a good cook and had plenty of pies in the house. After repeated urging she admitted, "Well, come to think about it, I guess there is half of a pie here somewhere." After more jollying by the doctor she finally started to hunt it up. I had serious misgivings about that pie but the doctor was in great glee. When I caught sight of the pie I muttered, "O! My Prophetic Soul—What a Pie." It was half of a big "ornery" looking dried apple pie and if you know anything about dried apple pies you know how "ornery" they can look. I promptly headed off an invitation to partake by saying I was suffering from indigestion and could not eat pie, especially that late at night. However, I made up my mind the doctor would have his fill and while I could see him inwardly cussing, I would ask him how he liked the pie and for him to hurry in the eating, as we must be starting back for town. By the time I had succeeded in making him eat the last morsel I was ready to burst with laughter and he with inward curses and old stale dried apple pie.

To add to his torment, being very near-sighted, he fell over a sawbuck out in the yard and skinned his shins. I do hope the recording angel will blot out the numerous, voluble, violet-hued anathemas he called down on the pie, the sawbuck, the dark night and me in particular for making him eat the pie. "Glory be!" but how he did cuss.

Here is one that is not on a doctor. A year or two ago I had a confinement case at the maternity hospital. The husband was detained at home and requested that if labor was terminated at any time during the night I was to call him up and let him know the result. About 3:00 A. M. baby appeared and I proceeded to call him up. A sleepy and very stupid operator called up the wrong number. When a man finally answered I began telling him the news. He listened for a little while and then demanded to know by all the laws of jurisprudence who I was, and

who I thought he was. Realizing that I had disturbed the slumbers of the wrong man, I hastily rang off. I blessed the operator inwardly and again gave her the right number—repeating it a number of times. She assured me she would get it right and she did—*“right in the neck.”* So did I. The same man answered. What he said could hardly be classed as a misdemeanor—it would come under the category of crime. It was pardonable. Of course I blamed it on the operator—tried to apologize and hung up the receiver before he could burn out all the fuses in the whole telephone system. I was ready to quit but knew how insistent the husband had been about being notified. After plucking up a little courage, I again gave the numbskull operator the number and repeated it at least a dozen times. I told her there would be foul murder done if she called that man again, for if he did not murder me I surely would murder her. She rang—up came Mr. Man for round number three. He was groggy but still in the ring. Mad! Why I could actually hear the froth splashing on the hardwood floor as it dripped off his jowls. Swear? Brethren, that is too mild a word. If he could have got at us I know he'd have had our skins hung up on the back paling fence in about two minutes. In one of his lucid moments he said he hadn't any wife—he didn't want any wife and finally if he had one he be d——d if she would be having a baby that time of the night. When I hung up the receiver he had commenced to get locoed. I do hope I never meet him.

Years ago I was called one windy, wild night—one of the nights when tormented souls move about—when the lights flickered and cast weird shadows that danced like hobgoblins—When imagination, spurred on by fear, conjured up creepy terrors and made of the night a time when one realizes his utter weakness and helplessness.

I found the patient in poor quarters. He was dying. A witch-like old lady said she knew it for “A black cat had done crossed her path and she had hearn a dog howlin.”

If you have ever seen a case die like this you can never forget the picture. Cold as ice—bathed in cold perspiration—pulseless—utterly oblivious to every earthly thing yet eyes wide open—turning the head—straining the eyes to seemingly peer at things, one of this world could not see. Lips muttering. Light and sound fell meaninglessly on his sightless eyes and deaf ears—yet always looking and listening, pointing and beckoning. Was he dimly seeing strange places, new things and old familiar faces in another world? Who knows? I don't, for I could not see them and he could not tell me.

Finally—Here is to the doctor—When he has made his last night call and his last call of the night has come—may it find him serene, having done more of good than evil—having had more of success than failure. May the twilight be quiet and balmy—the evening star full, soft and fair—the call clear and gentle—“When he puts out to sea.”

THE WASSERMAN REACTION. REPORT OF CASES.

Josephine M. Danforth, M.D., Cleveland.

Sanitaetsrat Dr. Jessner of Koenigsberg, Germany, in an article in the Urological Journal for January speaks of the *Spirochaeta Pallida*, the Wasserman Reaction and Salvarsan as “The Antisymphylitic Triad.”

These three great discoveries followed close, one upon another, and have opened the doors of knowledge and understanding to one of the greatest scourges of mankind which if not successfully checked, threatens in time to undermine the human race.

My paper deals with only one phase of the great the Wasserman reaction. The technique used, has been of the original test which is fast supplanting the Nov and other modifications, which have been adopted with idea of simplifying the test.

The most important and most troublesome feature of the test is the antigen employed. It has been determined that the use of more than one antigen is always desirable, different antigens varying in sensitiveness. The cholesterinized antigens are the most sensitive, and therefore should always be controlled with another antigen and considerable judgment used in interpreting results. For example, in two of my cases, in which a cholesterinized antigen and a syphilitic liver antigen were used, the cholesterinized extract showed a positive result and the syphilitic liver a negative reaction. In such cases the history should always be carefully considered. In the first case a positive report was not justified, while in the second case it was.

It is advisable, when possible, to use three antigens, a cholesterinized, an alcoholic, and an acetone insoluble. The alcoholic antigens, prepared from normal organs, are the least sensitive. If one is going to depend upon one antigen, I have found the beef heart acetone insoluble very reliable, but it is possible to get an occasional negative result with it in positive cases, notably those which have received anti-syphilitic treatment, but are still positive to cholesterinized antigen and in syphilis of the nervous system; the latter is illustrated by one case of *tabes dorsalis*, which I have reported. When possible to obtain it, an alcoholic extract of known syphilitic liver takes precedence over the beef heart acetone insoluble.

During the last year I have done 104 Wasserman's on 88 patients, 56 of whom were men and 32 women. Results have been classified as follows:—

- | | |
|---|----|
| 1. Positive syphilitic history, with or without recognized initial lesion, positive reaction..... | 9 |
| 2. Positive syphilitic history, with or without recognized initial lesion, negative reaction..... | 3 |
| 3. Negative syphilitic history, suspicious symptoms, positive reaction | 19 |
| 4. Negative syphilitic history, suspicious symptoms, negative reaction | 15 |

5. Negative syphilitic history, negative reaction.....	33
6. Unclassified; positive reaction	3
negative reaction	2
anticomplimentary serum, no report..	4
	<hr/>
	88
Positive reactions in total number of cases examined	36%
Positive reactions in positive cases regardless of treatment	75%
Positive reactions in suspicious cases	56%
Negative reactions in suspicious cases.....	44%
Negative reactions in negative cases.....	100%

Illustrative cases.

1. Positive syphilitic history, with or without recognized initial lesion. Positive reaction:—

Cases classified under this heading cover a period of time since date of infection, ranging from 30 years to 7 weeks. One 30 years, and another 20 years in duration, have developed well marked ataxic symptoms, and will be reported under the heading of tabes dorsalis. Seven out of the nine cases known to have had some kind of antisyphilitic treatment. Treatment in two cases unknown, but undoubtedly antisyphylitic.

Cases I. and II. illustrate a duration of 12 and 15 years respectively, the first having limited treatment, the second treatment covering a period of two years, begun as soon as throat and skin symptoms appeared, and again covering a period of several months before test was made. Case I is a good illustration of the effect of the syphilitic virus upon the offspring, four lives being sacrificed before an apparently healthy child was born, with the possibility of some blight making its appearance in this child at some future date. The third and fourth cases illustrate the prompt action of salvarsan and neo-salvarsan in relieving early clinical manifestations.

Case I. Man about 40 years of age, white, married. Twelve years ago had a chancre develop two weeks after exposure. Never had any sores on body, ulcers or eruption. No sore throat. Soon after primary lesion, hair began falling out, and patient felt weak and debilitated. Still complains of feeling weak and looks anemic. His physician told him it was a light case, and he only took one month's treatment. Seven years ago he married. Wife has never had any symptoms. Children:—First, premature, seven months; second, premature, eight months, born alive, but soon died; third child lived six weeks, had a large liver. Fourth, girl, now three years old. When a baby, had sores on her legs. A year ago had convulsions and hemiplegia developed. Cannot walk. Still has convulsions. Fifth child, boy, one year old and apparently perfectly well. Wasserman reaction strongly positive to cholesterinized human heart, and beef heart acetone insoluble antigen, and weakly positive to human heart alcoholic antigen.

Case II. Man about 60 years old, white, married. Fifteen years ago had a lesion behind corona which had every appearance of chancre, but patient denied all possibility of infection. In three weeks typical skin and throat symptoms appeared, leaving no doubt as to character of lesion. Mercurial treatment was begun at once and continued eighteen months. The iodide of potash was given about eight months. No more symptoms developed until the spring of 1913, when copper colored spots appeared on face, scalp, back of hands and a few on body. The patient was put on iodide of potash again. November, 1913, the Wasserman reaction was strongly positive to cholesterinized beef antigen.

Case III. Man, 17 years, white, single. Seven weeks ago had two sores develop five days after exposure. One soon disappeared, the other remained and is inflamed and indurated. A week ago had an injection of 606. Two days before injection, enlarged gland in throat, and two weeks before, had an eruption come out on chest, face and legs.

The swelling of the gland has subsided, and the rash about disappeared. Test strongly positive to syphilitic liver and cholesterinized guinea pig's heart.

Case IV. Man, 40 years, single. Time since infection, 10 weeks. In this case no primary sore was noticed. Sore throat developed six weeks after exposure, and has been sore and ulcerated four weeks. Last three days macular eruption all over body. Does not itch. Has been running a temperature. Was up to 104. Now 100. The test was strongly positive to beef heart acetone insoluble antigen.

Two days after test, 6 grammes of neo-salvarsan was injected intravenously. Five days later blood was again taken for test and was still found to be strongly positive to the same antigen. Meanwhile, the eruption had entirely disappeared and the throat was almost well.

2. Positive syphilitic history, with or without recognized initial lesion, negative reaction.

Three cases were tabulated under this heading. The first two, one of seventeen years standing, the other of fourteen, received the usual mercurial and iodide treatment. The first case had mucous patches in the mouth and typical skin eruption. No other symptoms have developed. The second case had a bad attack of iritis following the throat and skin symptoms. Neither case observed any primary lesion. The first was negative to beef heart acetone insoluble antigen, and the second was negative to two antigens, beef heart and human heart alcoholic.

The third case, a colored man, 36 years old, single. No history, except that of a phagedenic chancre extending over a period of three years, and at time of test in bad condition. The diagnosis was determined by Dr. J. H. Hewitt, resident pathologist to City Hospital, by microscopical section. Previous to test, character of local and internal medication unknown. Reaction negative to beef heart acetone insoluble and human heart alcoholic antigens. Since the test, patient has been given intramuscular injections of mer-

cury and two injections of neo-salvarsan. The lesion has shown marked improvement under the treatment.

The first two cases would indicate that mercurial and iodide treatment is efficacious in eradicating the spirochaetes in some cases, but such a conclusion should not be reached until a provocative injection of salvarsan be given and the blood tested again using a cholesterinized antigen, which, as I have stated elsewhere is more sensitive than the other antigens. The history and treatment of the third case is too indefinite to draw any conclusions. The case should at least be tested with a cholesterinized antigen.

3. Negative syphilitic history, suspicious symptoms, positive reaction.

Case I. Man, 30 years, white, married.

History:—Mitral regurgitation. Exhausted all the time. Has gonorrhoea. Fifteen years ago had soft chancre and bubo. Nine or ten years ago had a sore throat which lasted a couple of months. Eight years ago had a venereal lesion which the doctor cauterized. Six years ago had some kind of mixed infection. Does not know whether he ever had hard chancre. No general manifestation of syphilis. Test, weakly positive to beef heart acetone insoluble antigen.

Case II. Man, 25 years, white, single.

No history of initial lesion. Glands of neck enlarged, broken down on left side. Ulceration of hard palate extending to gums, post pharyngeal wall and vocal chords. Test, strongly positive to beef heart acetone insoluble antigen.

Case III. Man, 22 years, white, single.

Denies any specific history. Symptoms indicate an inflammation of the spinal meninges and possible involvement of the interior and lateral columns. History:—Had glands in neck removed a year ago. Orchitis two years ago from strain. Until three months ago no symptoms of lesion of nervous system. First symptom noticed, pricking sensation in feet. Later difficulty in walking, shuffling gait. Physical examination shows parasthesia of lower limbs,

spastic gait, exaggerated patellar reflex, positive Babinski and tenderness of cervical spine. Wasserman, weakly positive to beef heart acetone insoluble antigen; strongly positive to cholesterinized beef heart antigen. Diagnosis, Syphilitic pachymeningitis. Improved after an injection of 914.

Case IV. Woman, 36 years, white, married.

Has gonorrhoea. Has been sick a great deal. No specific history. Husband had some disease, does not know of what nature. Negative reaction to syphilitic liver antigen, strongly positive to cholesterinized beef antigen. This is the case I referred to as feeling justified in reporting positive on the strength of the reaction obtained with a cholesterinized antigen, although the syphilitic liver antigen was negative.

Case V. Man, 30 years, white, married.

This case illustrates the value of the Wasserman test as a means of differential diagnosis. Six years ago patient had some kind of venereal sore. Cauterized by a physician. Nature of medication unknown. No suspicious symptoms of a specific nature until recently. Now has indolent ulcer on nose. Married four years. No symptoms of specific disease in wife. Has decided tubercular tendency, but no detectable pulmonary involvement. Wasserman reaction strongly positive to syphilitic liver antigen and cholesterinized guinea pig heart antigen. Subsequent mercurial injections caused rapid improvement in ulcer and in patient's general condition.

4. Negative syphilitic history, suspicious symptoms, negative reaction.

Case I. 36, white, married. Diagnosis, Incipient paresis.

No specific history obtained. Clinical symptoms; exaggerated knee jerk, left pupil fixed. Delusions of grandeur. Test negative to three antigens, beef heart acetone insoluble, alcoholic human heart, and cholesterinized human heart. In this case an examination of the spinal fluid is indicated.

Case II. Woman, 54 years, white, married twice, now a widow.

History:—First husband was not a good man. Lived with him about one year. Second husband died a year ago. Lived with him twenty-three years. Patient never could see very well with left eye. Nineteen years ago, paralysis of optic nerve. Came on suddenly. Upper lid closed four months. Still some ptosis. No specific history. Test negative to beef heart acetone insoluble antigen to two specimens of blood.

Case III. Man, 33 years, white, single.

No specific history. Has ptosis of upper lids. Irregular pupils, no ankle reflexes, apathy, delayed cerebation. Negative to beef heart acetone insoluble antigen.

Case IV. Woman, 37 years, colored, married.

History:—Married 18 years. Four children, two living, two dead. No miscarriages. One child died with tubercular meningitis. One suffered from marasmus and had convulsions. Both subject to pustules and sores. The two children living are also subject to eruptions. Patient had bad sore in her mouth five or six years ago. Since then breaking out on body and small boils on labia, which did not mature. Has fine looking teeth, but has to take care of them. Test negative to beef heart acetone insoluble antigen.

5. Negative syphilitic history, negative reaction.

Thirty-three cases were tabulated. Some of the diagnoses were as follows:—Mental aberration, 1; apoplexy, 1; iritis, 1; necrosis of bone, 2; non-union of fracture, after ten weeks, 1; ulcers, 3; neuritis, 1; rheumatism and rheumatoid arthritis, each 1; gonorrhoea, 3; chronic sinus of spine, 1; diabetes, 1; pneumonia, 1. The last two conditions have been reported as giving sometimes a positive reaction.

Report of cases of Tabes Dorsalis.

No. of cases 4

Case 1. Contracted syphilis 30 years ago. Nature of therapy unknown. Now has edema of legs, ptosis of left eye. Liver enlarged, firm and nodular. Lost reflexes, Argyll Robertson pupil, Romberg sign positive. Strongly positive to beef heart acetone insoluble antigen.

Case II. Syphilis 20 years ago. Had breaking out on forehead, sore throat and mucous patches. Fourteen years ago ulceration of ala of nose. Healed under treatment in six months. No other ulcerations. Now has girdle pains, dizzy when walking with eyes closed, and difficulty in walking down stairs. Numbness of legs. Reaction weakly positive to beef heart acetone insoluble antigen.

Case III. Denies any luetic infection. Family history:—Father had rheumatism and died with cancer at 62 years of age. Mother died from accident. Has three brothers and two sisters living and well. Patient's history:—Since a child, left leg undeveloped, smaller than right and one-half inch shorter. Dates from a spasm when a year old. Seven years ago knee of same leg gave out and had to wear a brace. Otherwise has always been a well man and able to work, until last October, when pain developed in both legs, arms and around waist. Was able to walk until the first of the year, when the pain disappeared and walking became difficult. For two months has not been able to walk at all. Mind is perfectly clear, but talking difficult. April 6, was given .9 gram neo-salvarsan. Since then, pain in legs has returned somewhat, coming on towards night. April 16, ten days after injection test was negative to beef heart acetone insoluble antigen and human heart alcoholic antigen.

April 21, neo-salvarsan repeated. May 6, two weeks later, Wasserman positive to cholesterinized human heart antigen.

Conclusions.

I feel on the whole that results obtained have been satisfactory. The practical value of the test lies in its ability to correctly differentiate syphilitic from non-syphilitic conditions and to aid us in arriving at more definite conclusions with regard to the curability of syphilis.

The percentage of positive reactions in positive cases depends upon the stage of the disease and the amount and character of the modification. In secondary and tertiary

stages from 90 to 100% positive reactions have been reported. In primary syphilis, the reaction is usually not found earlier than two weeks after infection. Cummer and Dexter report a case positive on the third day. In syphilis of the nervous system, the percentage of positive reactions is not as high. When the serum is negative in such cases, an examination of the spinal fluid is indicated.

Negative results in negative cases have been quite uniformly reported. That a few conditions, other than syphilis may give the reaction, has also been determined, notably scarlet fever in the acute stage, and other diseases due to spirochaetes, as Vincent's Angina and Frambroesa Tropica. Dr. W. C. Stoner, in an article entitled "The Clinical Value of the Wasserman Reaction" says, different observers have found positive reactions also in tuberculosis, pneumonia, typhoid fever, malaria, early measles, malignancy, diabetes, pernicious anemia, Addison's disease, cases treated for rabies and following anesthesia. His opinion "based upon personal experience is that such relations are due to faulty technic, or to a coexisting latent syphilitic condition."

With regard to the curability of syphilis, the test has developed some interesting facts. Cases which have had no clinical symptoms for years following mercurial treatment, often give strongly positive reactions, especially with cholesterinized antigens. Negative reactions may become positive after a provocative injection of salvarsan, and when a negative reaction follows an injection of salvarsan or neosalvarsan, it may again become positive in a few weeks or a few months, so that one must be very cautious with regard to declaring a case of syphilis cured. Cummer and Dexter have formulated the following rule, which seems to me a practical one to follow, that is "to have a reaction done four to six weeks after the last dose of mercury. If negative, treatment is withheld and the reaction is repeated in one month, again after an interval of three months, and finally at the end of a year," and we might add the following

from Dr. Stoner, "even then, until another 20 years have elapsed, we cannot be absolutely certain that the disease is absolutely cured and permanently obliterated, and that no late manifestations will occur."

I wish to express my appreciation of the courtesy of the visiting physicians to the City Hospital which has made this clinical study possible.

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DISCUSSION.

Dr. J. E. Studebaker, Springfield: I am sorry that this paper gives the impression that salvarsan and neo-salvarsan are losing ground, and that the Wasserman reaction is losing ground. It is simply a matter of technique. If there is a slip in the technique, the test is more or less vitiated. Most men have got to this point: Give salvarsan. In a short time, use neo-salvarsan. After a while salvarsan. Do not forget the mercury. Salvarsan looks good now.

THE DIAGNOSIS AND TREATMENT OF AUTOINTOXICATION.

J. Richey Horner, A. M., M. D., Cleveland.

The search for the cause of disease is going on in countless laboratories throughout the world. Every once in a while the workers are meeting with success in some one particular instance and at once begins the fight to prevent the operation of that cause. It needs but the mention of yellow fever, malaria, meningitis, typhoid fever, syphilis, to bring to the mind a realization of the advance during the past century in discovery and prevention. No longer is the world satisfied with generalization. Medicine, while far from being an exact science in all its parts, is fast approaching that goal and there is not now the utter hopelessness that once prevailed.

It has, however, fallen to the lot of autointoxication, in a measure at least, to take the place of malaria in being the ascribed cause for a number of conditions the physician is called upon to treat. It seems as though wherever the cause for a certain train of symptoms cannot be definitely located, autointoxication is called in to fill the gap in knowledge. Then come sins of commission and omission with the patient as the sufferer.

By autointoxication we mean a deleterious action on the body cells exerted by toxins which are endogenous, that is produced within the body. These toxins may result from alterations in the character of the secretions of the glands of internal secretion. Here are concerned the thyroid, the pituitary, the pancreas and others of which little is known but which do secrete fluids which in turn excite secretion in closely related glandular structures. There are toxins which are the result of lack of elimination of toxic catabolic products such as uremia and jaundice. Some tissues undergo a disintegration which results in more or less powerful intoxication. Impaired metabolism is another and frequent condition causing alteration in the function of tissues.

With this broad field noted, it is easy to realize the difficulty at times experienced by the diagnostician in avoiding the temptation to dispose of an obscure case by relegating it to the class of endogenous intoxication. As a matter of fact, his only safety lies in a rigid adherence to the process of elimination. Make diagnosis of autointoxication only when the possibility of all other diagnoses has been positively eliminated.

Probably no structure in the body is more susceptible to the deleterious influence of toxins than is nerve tissue. They act by changing the nerve impulse following impregnation of the nerve center with a toxin. It has been demonstrated that changes in the secretions of internal glands produce definite syndromes, while absorption of the results of alimentary putrefaction is believed to be a large factor in the development of chronic nerve disorders, though not so definite a knowledge of the *modus operandi* is recorded.

While it cannot be said that constipation is always a sign of autointoxication, insanity of a depressive type is almost always caused by autointoxication and constipation is a very large factor in this. It is almost always true that there are present other symptoms of the absorption of toxins. So many cases of insanity have been relieved by the removal of intestinal obstruction or the cure of sluggishness of the intestines that this latter condition is one which commands the earnest attention of the alienist. The symptoms will not always be of a depressive nature for frequently cases of acute mania are cured by attention to and relief of faulty elimination.

In considering, particularly, nervous diseases and autointoxication, we must distinguish between a condition in which there is an organic disease of some integral nerve structure, and a general infection of the nervous system with the absorption of toxins as a causal factor. I mean by this that we may have, for instance, a multiple sclerosis with an associated intoxication but due to a trauma. Or

we may have the same disease due to an intoxication, with an associated trauma. From a medico-legal standpoint a distinction between these two conditions is of vital importance in many a case. Many of the diseases of the nervous system have autointoxication as a part of their history. We find it in not only the functional forms but in those with organic lesions. Tabes and multiple sclerosis show it generally. In epilepsy it is almost always present. Migraine is caused by it.

The process of a diagnosis of intestinal intoxication is purely a process of elimination. Prove that your patient has no other disease and you are justified in calling his ailment intoxication. It is, however, proper to consider what symptoms may be met. Headache is one of them. In fact so frequently does it accompany absorption of toxins from the intestinal tract that we are apt to consider it pathognomonic but it is not. We may have a most pronounced infection and no headache result while headache may be caused by any number of abnormal conditions. Constipation, as has been noted, usually figures as a factor and it must be taken into serious consideration. The most likely condition to be found, however, is alternate diarrhoea and constipation.

As we do find cases of autointoxication due almost entirely to the absorption of intestinal contents, it becomes important to know of what these may consist. At least one-third by bulk is bacteria. Estimates of their number in this mass run all the way from twelve to fifty billions or more. Fortunately not by any means all of these are toxic. Many are perfectly harmless except for one thing, they consume oxygen which is necessary for the activity of those bacteria whose office is to combat pernicious activity of those germs which are disease-producing. About one-sixth of the mass is debris from the intestinal mucosa. Normally the amount of feces may be considered as from 125 to 150 grams, corresponding to 15 to 20 grams of dried substance.

The decomposition products of the proteids in the feces are leucin, tyrosin, indol, skatol and bodies of the phenol and aromatic acid group. No facts of diagnostic value are known concerning the presence of leucin and tyrosin and an estimate of the amount of indol and skatol in the feces is made from a determination of the amount of indoxyl in the urine. The diagnostic value of an increased secretion of this product is almost confined to demonstration of the milder forms of intestinal disturbance showing the probability of the presence there of conditions which make for intestinal intoxication.

But after all, it is the treatment which most interests the patient and which really ought to most interest the doctor. As a matter of fact it is rather astonishing how much time and text-book space is devoted to telling all about a given pathological condition and how little consideration is given to treatment. Of course it does make interesting reading but the patient is looking for help.

Elimination is the foundation upon which we must build our treatment as well as our diagnosis. It is the logical way. There is in the system a poison which is sapping its vitality. It is logical to attempt to get that poison out of the system and thus stop its ravages. There are but few drugs which act curatively in their elimination. They do eliminate but the reaction which follows is always hurtful to the patient. This cannot be said of water and water is the great eliminant. It is indicated in practically every one of the diseases which come as a result of autointoxication. It is frequently, however, used in a way which is productive of harm rather than good. The effect of water used internally or externally differs with both its temperature and quantity. The effect of water on the circulation becomes a vital matter in those autointoxications which are accompanied with a dangerous rise in blood pressure. "Cold water diminishes the pulse and generally raises the blood pressure unless it is very cold when in some cases it lowers the pressure. Hot water on the contrary in-

creases the rapidity of the pulse and raises the blood pressure, while luke warm water (77-86) diminishes it. The lowering of blood pressure is in proportion to the lowering of the temperature of the water drunk, the contrary effect being produced by the higher temperatures. Water at a medium temperature has very little effect." It is reasonable to argue that the effect of water used internally differs even as it does used externally and that it does vary thus goes without saying. And why? Because the effect is the result of its action on the vaso motor nerves. Action comes altogether too soon to be the result of an increase of water in the blood. So we have here the same phenomenon displayed when water is used internally as when it is used externally.

The use of water as an eliminant in renal complications must be based not upon the idea of the amount of water imbibed but upon temperature and methods. Elimination of fluids by way of the kidneys depends upon the pressure with which the blood circulates, and the consequent enhanced force of its stream through these organs. In your next case of acute nephritis try the effect of the use of small quantities of very cold water repeated at half-hourly intervals and note the prompt diuretic effect following. This treatment is contraindicated if the vaso motor system has been disabled, as you will find in the early oedema of cardiac and renal disease because, as we have noted, action by the fluid is through these nerves. It is not logical to add water in large quantities to an already overburdened system, hence their prescription in cases of dropsy is a decided mistake. The proper thing would be to withdraw water and watery foods as much as possible.

The intestinal canal has often been likened to a sewer carrying off the refuse material from the body. The use of water to flush it is one of long standing. It is, perhaps, unfortunate that the above simile has been used, for there are so many differences involved that errors have been committed because these differences have not been taken

into consideration. The contents of the intestines move along because of peristaltic action on the part of the intestinal walls and if these contents do not move, ruling out mechanical blocking, it is mostly because of inactivity on the part of the intestinal walls. They are the propelling power. As they are elastic, simply distending the intestinal walls makes for a still further diminution of their power just as you weaken a rubber band if you stretch it too much. Here was the fallacy of the treatment of constipation by the injection into the rectum of very large quantities of water, a method in vogue for so many years. While bulk is necessary for action, it must be remembered that even here we can get too much and enough is plenty.

Comparatively little of the water taken into the stomach is digested there. More than ninety per cent of it passes into the duodenum unchanged, beyond its admixture with the secretions of the stomach, and it moves on in a short time. A half hour after ingestion, the water has left the stomach. Given an intestinal stasis, the result of lax muscular fibre, the indication for treatment is stimulation. Hence it is that in many cases a glass of ice cold water taken the very first thing in the morning will be followed by a free evacuation.

There can be no question but that the internal use of water as a routine habit has a large effect in relieving the conditions of the intestines which accompany or rather further constipation and its sequel, autointoxication. One should normally take certainly not less than two quarts of water during the twenty-four hours. The larger part should be taken just before meals. That is, one should drink just before each meal say two glasses of water. This quantity should be supplemented by taking a like total during the day, although it is not wise to drink either during or just after the meal.

There are other factors which cannot be neglected. There is a psychological element involved. No one who has suffered from the effects of neglecting to respond to

the stimulus of the sphincter, which indicates, pressure of fecal matter upon it, will deny this. The subsequent insensitiveness of the sphincter and the rectum following repeated neglect of the call will be very difficult to cure. Then, too, we are creatures of habit, perhaps to a greater degree in this one of our personal attributes than in any other. There are individuals whose bowels act with clock-like regularity. There are others who never pay any attention to it until they get the bad effects of their neglect. Usually in the morning after breakfast is the best time, not alone because it may be the most convenient time but because the advancement of the colon contents has been found to be most marked just after that meal. Even without the presence of desire, the attempt should be made because the effort may force fecal matter into the rectum and so result in the regular defecation reflexes and the passage of the stool.

Factors in healthful living should be considered. Among these are exercise, massage and proper food. Exercise, by creating rapid changes in intra-abdominal pressure, tends to promote defecation. Hunger is increased and thus the bulk of food is augmented.

Massage increases oxidation, enabling the blood to take in more oxygen, increases the flow of saliva and doubles the flow of gastric juice. It hastens the portal circulation of lymph, stimulates absorption and diminishes the formation of gas. It also relieves the congestion of the solar plexus. At times there may be such a lax condition of the abdominal walls that a support may be needed. This should extend from the navel to the symphysis, should be applied before rising and worn all day.

Regarding food, a book might be written. Foods tend to promote peristalsis by reason of their bulk and by their mechanical and chemical action. A neutral diet is required, one free from xanthin bodies with a minimum of mineral salts. Ready access to the oxygen in the process of internal respiration converts these into products easy

of elimination. Starches are digestible in alkaline medium hence these together with mineral salts, carbohydrates and sugars should be mixed as little as possible with acids.

Abundant mixed food might well be the slogan for the habitually constipated. Coarse foods and foods with fibre are the best, for we must take into consideration the amount of residue as well as the amount of nutrition.

Any agents which will give bulk to fecal matter must be remembered in the efforts to clear the intestines. Agar agar, unground flax seed and the seeds of the plantain plant are in this class. They absorb water, become mucilaginous and increase and soften the fecal mass. Liquid paraffin and albolene will promote activity by lubricating the intestinal walls. The nightly injection into the rectum of a pint of olive oil to be retained will help.

Surgical measures do not come within the province of this paper. The work of Sir Arbuthnot Lane is paralleled by that of Metchnikoff in that they both war upon the colon. Mr. Lane would entirely eliminate it by the surgical procedure of short-circuiting the contents of the intestine direct from the caecum to the rectum. Metchnikoff would render innocuous the normal and abnormal contents of the colon. His theory is proving to be more of a theory than anything else. It is based upon the proposition to grow germs within the colon which would combat the growth of disease-producing germs. It seems a pity to concentrate all we have to say upon this really very interesting and important subject in this one paragraph, but to tell the whole story would take a book and bring us to no definite conclusions.

Those of us who have practiced medicine many years need no one to tell us that the homeopathic remedy will, if given a fair chance, prove its effectiveness. By a fair chance I mean that it must not be expected to accomplish impossibilities. What that remedy is going to be for any particular case depends upon so many things that it will have to be studied out with care.

The subject of the use of water externally is of such vast proportions that we have not attempted to discuss it. As an ailment, the skin has its large place in the animal economy and the use of the baths of the varied sorts noted in the text-books on hydrotherapy is a very effective form of treatment.

In closing and in this connection we cannot help calling attention to the fact that Hahnemann has given another illustration of his wonderful versatility and foresight. He indicated definitely the lines along which the doctor of this day might travel in hydrotherapeutic measures. Here are some things he said: "If there be a universally useful remedy, water must be one." After describing his method of treating old ulcers of the leg by cold foot and general baths, he dilated judiciously upon inexactness of application as follows: "The degree of temperature of each bath and the movement in it must be adapted to the improvement in strength. The weakest body may thus reach the strongest bath, if the exact prescription of the doctor be followed with punctual obedience." "I have never ceased to wonder how our greatest physicians could be so negligent in their prescriptions of the cold bath. They order half baths or full baths morning and evening, and this is their idea of a prescription. Of the degree of cold, the exact duration of the bath and other indispensable points, not a word. Surprise at the frequently reported ill effects of such cold baths must cease when these mutilated, inexact, three-syllabled directions produce results quite opposite to those aimed at."

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DISCUSSION.

Dr. T. A. McCann: I do not care to discuss the paper. I only wish to ask one question. I do not believe there is a man in Ohio that is a better eater, or has a better stomach than myself. I believe the Doctor said it was not right to drink water during meals. I have drunk water ever since I was born, so far as my recollection goes, at the rate of three glasses at each meal. There does not seem to be anything that I cannot digest. I would just like to know why it is wrong to drink water with your meals.

Dr. Baxter: This idea that a man must not drink water during meals is an exploded one, and has been for some time. If you are thirsty, drink.

Dr. Siemon: I think Dr. McCann's objection to the continuance of the paper was because he was afraid he could not digest it.

Dr. Horner (closing the discussion): Dr. McCann is simply the exception that proves the rule.

WHAT AILED THEM?**J. H. Cook, M. D., New Carlisle.**

During a practice of over 30 years these two cases are unique and for that reason reported, hoping that a discussion may throw some light upon the subject.

February 10. Mrs. S., a primipara aged 21, began having labor pains at 12 P. M. I was called at 12:30 and made my first examination at 1:30. There was very slight dilatation, pains not severe and not close together. Being five miles in the country I waited until 6:30 and made another examination. Conditions about the same. I then gave 1-16 of morphia and 1-400 hyoscine hydrobomid and 1-256 cactine and went to make other visits. At 10:30 made another examination; found presentation all right and dilatation about size of a silver dollar. Repeated the above prescription. Dilatation complete at 1 and I ruptured the membranes and delivered an apparently perfectly healthy 7-pound boy after a very ordinary labor.

February 11. In the morning I made a visit and everything apparently doing fine except baby had not micturated. Bowels had moved. In the evening the grandmother telephoned that baby had cried a great deal and seemed fretful as though it might be hungry. Gave it a little cream and warm water which it threw up.

February 12. Baby fretful all night, bowels moving all right but a very little urine passed, which was very high colored. Gave a little nux vomica and chamomilla for the fretfulness. Will nurse only a little and that at long intervals.

February 13, or 4th day. Baby still fretful but not as bad as before. Stripped him off and examined carefully for some ailment. Temperature in the rectum 103. Heart, lungs, brain, bowels all seemed normal; looks around bright and strong. Urine very scant and high colored. Gave aconite and belladonna for fever.

Fifth day temperature 104½ in rectum, other symptoms about the same, not so fretful. Sixth day tempera-

ture 102. No change in other symptoms. Nurses but very little, passes a little water about once in 24 hours. Seventh day temperature 103; no change in other symptoms. Eighth day temperature 104; just gradually wasting away and died peaceful, weighing only five pounds. I could find absolutely nothing to account for the symptoms except the scanty urine I don't know what ailed it. Never enough urine passed to examine. Some kidney trouble probably.

February 25. Mrs. T., aged 23, a primipara who two years previous had a severe attack of pelvic cellulitis, began having labor pains at 4:30 P. M.. Waters broke at 6 and I made first examination at 7. Slight dilatation; pains good and strong and regular. Complained a good bit of the pains and at 8:30 I gave her $\frac{1}{8}$ grain of morphia and 1-300 of atropin by the mouth and put her to bed. She soon quieted down and labor progressed in fine shape and at 11:25 I delivered an apparently perfectly healthy girl baby weighing seven pounds.

February 26. Second day everything fine, baby's bowels moved good, urine scanty. That night it was very fussy; nursed at long intervals but sufficient at a time.

Third day. Temperature 102, very restless and nervous, bowels moving all right and color and everything normal, urine scant.

Fourth day. Temperature in morning $103\frac{1}{2}$. Did not sleep all night. Gave a good dose of castor oil and followed it up with veratrum viride and bromide of soda. In the evening the temperature dropped to 100 and beginning to rest some and urine more free.

Sixth day. Baby all right. In both cases the cord came off on fifth day and healed nicely. Both mothers had a fine convalescence. Could the minute doses of morphine given the mothers have had any effect? Hundreds of physicians are using the Abbott H. M. C. tablet and I myself have given much larger doses without any ill effect. Would baby No. 1 have done any better on treatment given

No. 2? In neither case could I find any reason for the rise in temperature or scanty urine. Neither child was any constipated nor drowsy nor showed any signs of being doped. In both children the pupils reacted to light and both children seemed strong and healthy and I was at a complete loss to explain their symptoms. Apis, arsenicum and cantharis were also given to baby No. 1 to increase the flow of urine but without results.

DISCUSSION.

Dr. L. E. Siemon, Cleveland: I would ask Dr. Cook why he did not give veratrum viride instead of the bromide?

Dr. J. H. Cook, New Carlisle: I had failed in the use of the indicated remedies on number one. I gave veratrum viride for the fever, and bromide to quiet the nerves, and got good results.

Dr. W. H. Phillips, Cleveland: Any sweating in those cases?

Dr. J. H. Cook: None.

Dr. E. H. Jewitt, Cleveland: Evidently in those cases the cause was either in the mother's religion or in the Doctor's practice. I have never known that the religion of the expectant mother affected the child. The trouble, therefore, must have been in the administration of the remedies. I am not quite sure, but I understood the Doctor to say that hyoscin was one of the ingredients, was it not, Doctor?

Dr. Cook: It was one of the ingredients. H. M. C., given to the mother after the labor pains began to quiet the pain and assist in the dilatation of the os.

Dr. Jewitt: Did you give it in the other case?

Dr. Cook: In place of the H. M. C., I gave H. and A. Neither of the mothers received over an eighth of a grain

of morphia. There were no symptoms in either mother or child of any morphia or the effects of it.

Dr. Jewitt: Was atropine given to both cases, or only one?

Dr. Cook: Atropine was given to the second, hyoscine to the first.

Dr. Jewitt. My contention is that it was one or the other of those remedies, that caused the trouble. It is certain that the unborn child, as well as the child after birth, is susceptible to medication given the mother. We have abundant proof of it. I simply throw out the hint that the child got the results of the symptomatology from the medicines given to the mother, from the atropine in the one case, possibly the hyoscine in the other.

Dr. Florence Smith-White, Cardington: I wish to state that I have had similar experiences long before the H. M. C. tablets came into existence. I have found that frequently the administration of hot water every two hours will give a very favorable result. Especially should there be indications of uric acid, which usually are well marked.

Dr. Cook (closing discussion): I have used these remedies frequently, and never before had any bad results. Hundreds of physicians have used them with apparently no trouble.

SOME TONSIL CONSIDERATIONS.

L. E. Siemon, M. D., Cleveland.

I distinctly remember in once listening to an able discussion on certain remedies by a well-known teacher of our school. He stated that if he were compelled to dispense with all other remedies save one, he would choose *nux vomica*. It has been my impression that if he were a resident of any neighborhood adjacent to the Great Lakes and were discussing the same question with reference to diseases, he would certainly have chosen tonsillitis. I think it is generally conceded throughout the entire territory known as the Great Lakes Region, and by no means confined to this region, that tonsillitis is the most prevalent sickness with which we have to deal and it should be remembered that it is primarily a juvenile sickness. Not that it is entirely confined to children for most adults contract it at some time or other in their lives.

Much speculation and theorizing has been indulged in as to its cause. The best writers on the subject generally claim that it is built upon a foundation of rheumatism. It, of course, comes in the group known as infectious diseases and in classifying it is a high grade of infection. It is generally understood that all high grade infections exert a marked effect upon the body economy, tending to develop weakness in special organs and to stir up tendencies that have hitherto lain dormant. It would be extremely difficult to say which of the infectious processes is of the highest grade. Certain it is that, for length of time sick and the prevalence of the infection, tonsillitis belongs somewhere near the head of its class. Medical men have inclined to regard it as a purely local disturbance and from their so regarding it have fallen into very slack ways of handling it. We, ordinarily, look upon typhoid fever, pneumonia and a few of the graver diseases, as being calculated to develop heart lesions, and yet, it is surprising how many young children without history of any of these infections, demonstrate a heart lesion on careful examina-

tion in the course of routine calls. I have been surprised in the last year at the number of children from seven to fifteen years of age, who have cardiac trouble without apparent history of causation and which, undoubtedly, was due to a repeated tonsillar infection. The very fact that it was simply a case of tonsillitis frequently prevents medical attention being given at all, or if given we appear to be satisfied to leave our case as soon as the fever and pain are past. Too often, if we are not satisfied to leave the case at this stage, the family is likely to suggest the propriety of our doing so and because of this tendency to look upon it as a mild non-serious affliction, it comes to be generally neglected by layman and doctor alike. This very neglect may lay the foundation for a high-grade constitutional disease from which the patient may never properly recover.

I realize that if we were to take the word of the specialist, there is but one treatment for tonsillar troubles and in my judgment, if that were the only proper manner to handle the cases, the operator could be one of the important characters in the opera known as the "Mikado." Unfortunately, in the specialists' point of view, to cut out the tonsil, is not to cure the patient, as by so doing we merely remove the external avenue through which the general tendency manifests itself. That being the case, may we be pardoned if we rise up in a meeting of this kind and suggest the wisdom of devoting as much time to the hygiene and physical prophylaxis of this most prevalent disease as to some phase of what is known as eugenics.

I believe that no other sickness, with which we meet, calls for so much patience, thought and earnestness as does this sickness, and in my humble judgment, no problem requiring an equal amount of attention will yield as gratifying results as will this tonsil problem.

The proper treatment of the tonsil question should begin with the father and mother of the child. There is

such a multitude of details which can be harped upon for their benefit, too tiresome to enter into here.

Next, the child itself. Never let go of him until we are satisfied that we have neutralized his infection. Never say "good-bye" until we have given the parting advice and admonition as how to prevent a return of the sickness, and last, but not least, to remember that our *materia medica* offers an avenue of help and progress such as is offered by no other *materia medica* known.

My hope is that if this paper is discussed at all, it may be along the line of suggesting therapeutic questions of relief and cure.

DISCUSSION.

Dr. F. F. Lehman, Sandusky: I know that it is a favorite theory that tonsillitis and rheumatism are closely inter-related, the causative factor peculiar to both being common. I wonder if other members of the profession have had as much difficulty in reconciling that theory in active practice as I have. I have been in practice twenty years, I have never yet found a case in children, in which the infection of the tonsils was found immediately, or even comparatively remotely before the invasion of rheumatism. I cannot quite understand why there should be this common factor assigned to the two. Furthermore, we know that rheumatism is followed by cardiac lesions in a considerable number of cases, but the rheumatic conditions are comparatively rare as compared with tonsillar affections. How many times have you found cardiac lesions following tonsillitis? I do not recall having ever seen one in children, though I did see one in an adult. I am calling for light rather than criticising.

Dr. Frank Webster, Dayton: During my practice of thirty-two years, I cannot remember a case of inflammatory rheumatism I have ever had, that was not preceded by a case of tonsillitis.

Dr. C. S. Cutter, Cleveland: This last winter I lost two cases of inflammatory rheumatism which followed acute tonsillitis. In both of these cases I had recommended

to the parents that the children have their enlarged tonsils removed; that frequently after tonsillitis we had rheumatism follow, and if inflammatory rheumatism we were almost sure to have a cardiac lesion. It is a sad thing to me that in both cases the parents were unwilling to have the tonsils removed. These cases were followed by inflammatory rheumatism, which extended to the endocardium, and both died. I have seen many cases of tonsillitis, and I have seen a great many children with enlarged tonsils, but most of my cases of inflammatory rheumatism in children followed enlarged tonsils, and I have gotten to fear to be silent in regard to warning the parents of these children of the dangers. There is no one thing in the practice of medicine that will give greater satisfaction than in these cases of enlarged tonsils, to have them removed, and see the children grow strong and well.

Dr. Gertrude K. Meck, Cleveland: I want to report four cases of hypertrophy of tonsils with frequent attacks of tonsillitis. *Baryta carbonica* has removed the predisposition to tonsillitis in each case. In two of the cases, the tonsils are decidedly smaller.

Dr. E. H. Jewitt, Cleveland: I have seen a few cases of tonsillitis during my practice, and some cases of inflammatory rheumatism, and I do not remember that any case of inflammatory rheumatism was ever preceded by tonsillitis. I think this question of removing the tonsils is under suspicion by those who at one time were most ardently in favor of it. Recently in the *Journal of the American Medical Association*, I saw an article in which a number of questions had been propounded to the leading throat specialists of the old school, and the answers which those gentlemen made in return were the majority of them against operation. A good many of those who spoke in favor of the operative procedure for the cure of tonsillitis, spoke very guardedly.

I want to testify in regard to *baryta carbonica*. I saw somewhere that the 200th potency of *baryta carbonica* was of value. That hint has been of value to me ever since. It was worth all I ever paid for it. I recently had a patient who had recurring tonsillitis. I gave him *baryta carbonica* 200th. He reported that he had been entirely free from attacks for a long time. He had another attack, and I sent him 200th belladonna, but he sent back word that that was

not the same remedy that I had been giving him. That was absolute proof of the efficacy of that remedy, as he had no way of knowing that I had made the substitution of belladonna, because my medicine is all put up alike, and the man could not tell, except by the effect whether he was taking the right thing.

Dr. W. M. Baldwin, Newark: I wish to say that in the past forty years I have seen the most intractable cases of this kind associated with chronic gastritis, and there is no relief until the patient is cured of that. In my practice I find that baryta carbonica is the usual remedy in chronic cases. In the case of my grandchild, six years old, his father wanted to have his tonsils removed. The mother appealed to me. I told her if she would follow my directions I would take the case. I ordered the child's diet, according to what I thought was correct, and gave him baryta carbonica 200th. The child recovered in four to six weeks, and has had no return of the trouble. The mother was similarly afflicted, and she also made a good recovery. I treated two or three other cases at the same time and they made entire recoveries. This was a year ago, and there has been no return.

In the fall of 1873, a girl of ten years whose mother died the year previous, of pulmonary tuberculosis, was brought to my office with the following symptoms: A neuro-bilious temperament, loss of appetite, bowels irregular, restless sleep, pallor of face, general languor, chronic enlargement of the tonsils, dryness of the throat, constant, dry, hacking cough.

Having been under the care of Professor Geo. W. Barnes, Professor of Materia Medica at the Homeopathic College at Cleveland, I felt backward about accepting the case. As to diet, I had her avoid all spices, acids, fats, pastries; also to avoid drinking at meals, or to lower the temperature of her stomach by cold drinks for two hours after eating. I gave her baryta carbonica 30x twelve powders, one being taken morning, noon and night. The results were prompt; almost magic. The patient was kept under surveillance for three months. Blank powders only being given.

Forty years later, I had the pleasure of talking with my former patient. She was married and the mother of grown children, and had never had any return of the symptoms as given above, having practically always enjoyed perfect health.

SOME UNUSUAL PHASES OF SPINAL DISORDERS.**S. R. Geiser, M. D., Cincinnati.**

There are perhaps no disorders more difficult to diagnose correctly, to know the exact pathological lesions and to find the etiological factors than the diseases involving the cerebro-spinal system. Especially is this true during the stage of development. In the text-books the various morbid conditions are elucidated and differentiated, but unfortunately the practitioner meets with atypical cases that do not correspond to text-book descriptions. Many spinal diseases in their onset assume many disguises, presenting oftentimes a wide range of conditions with many differing clinical pictures; in other words, regularity in the development is the exception rather than the rule. More especially is this the case when diseases have many symptoms in common—simulating each other—as for instance, spinal meningitis, spinal hemorrhage, transverse myelitis, polio-myelitis, lateral sclerosis, multiple sclerosis, ataxia, etc., not to mention the various functional diseases, as epilepsy, hysteria, neurasthenia, psychasthenia, reflex irritation, etc., that often tax the physician's ability beyond description. Before so many technical names came into medical nomenclature it was less difficult to establish a diagnosis that was satisfactory to the patient. Then "paralysis" or "palsy," or if a little more definite line was drawn "paraplegia" or "hemiplegia" were sufficient. Today it is necessary to explain to the patient just which "column" is involved.

In this connection comes to mind an instance when a physician was explaining in plain language the nature of chronic bulbar palsy, but the wife was anxious to know the "technical" name of the illness of her husband. "Madam," said the physician, "it is glossolabiolaryngeal paralysis." "Well," replied the wife, "I have always thought the poor old soul would go with that some day."

Much obscurity exists in many cases as to cause and precise pathological nature of the morbid changes in the

spinal cord, upon which the disorder depends, and even their recognition, when possible, affords but slender indications as to the therapeutic measures which should be employed.

Acute polio-myelitis, for instance, is said to be most common in the warm months, assuming usually a typical course, notwithstanding the fact that a large number appear in the month of September, when the weather is rather cool. The nature of the infection is still unknown, though the horse fly has come in for a share of the responsibility as an etiological factor. I have knowledge of a case that occurred in the month of January, manifesting in its incipency some unusual symptoms, marked tonsillar involvement being the salient one; in fact the child was treated for tonsillitis by the attending physicians for a number of days, when paralysis of the lower extremities disclosed the nature of the disease. Again, polio-myelitis may have no symptoms, not also common to many other diseases, and can only be recognized when paralysis takes place. Very recently I was called to see a man 72 years of age, suffering intensely with gastralgia. These attacks followed each other for three consecutive days, when partial loss of the right arm and inability to articulate readily, manifested themselves. This man is seemingly being greatly improved by the use of arnica. He uses his arm and hand almost perfectly again, and can articulate quite well sitting up, but not so well lying down.

Again, acute myelitis is said to occur in the greater number of cases between the ages of ten and forty years, though a case recently came to my observation at the age of fifty-five, and could not be traced to any of the causes usually mentioned, and was very typical in its course. In this disease, the first symptom noticed is said to be a feeling of numbness in the feet and lower limbs. Weakness, it is contended, soon develops, and in the course of a day or so, sooner in some cases, a complete bilateral paralysis of motion and sensation manifests itself, and if progressive, the

scene is closed by death within three to seven days. Either retention or incontinence of urine and fever are mentioned as early symptoms.

In order to illustrate the main point of my paper, allow me to cite a case of transverse myelitis showing an unusual course of development. A man fifty-five years of age, engaged in active business, and seemingly in perfect health, whom I had known, having been his medical adviser for many years, though his complaints were usually of minor importance, as attacks of indigestion, colds, etc., which were usually of short duration, and yielded promptly to treatment. Some months previous he had several attacks of gastralgia, which is sometimes a premonitory symptom of tabes dorsalis. These attacks, however, disappeared promptly after taking a few doses of sub iodide of bismuth.

The salient symptoms in the case were severe pain extending from the stomach, through the body to the spine, the pains being crampy, burning, and only slightly relieved by cold drinks. After that there were absolutely no symptoms indicating serious trouble. He was seemingly in perfect health and was again actively engaged in his business as before.

In order to get away from business, however, for a short time, he went to French Lick Springs, where he spent two weeks, walking much and drinking sulphur water. On July 2nd, he came to my office with pain at the sciatic notch of the right limb and in the middle of the thigh, the pain simulating neuritis. Beyond that not an untoward symptom could be elicited. I gave him some rhus toxicodendron, and I asked him to go home, to keep quiet, preferably in bed. For a number of days there were no developments, the pain gradually subsided, and he seemed to improve. In about a week there was some motor disturbance in this limb, he being unable to move it as freely as before, otherwise there were neither objective nor subjective symptoms present. The pulse was rather slow, but no elevation of temperature, the tongue was clean, the appetite good; he

was cheerful, happy; bowels, bladder, and kidney conditions normal. The motor power of the limb, however, became less, but the surface was very hyperaesthetic. The reflexes were normal, no fever as yet. On the following day there was considerable anaesthesia of the left limb to the thigh, showing sensory, but no motor disturbances.

These conditions remained unchanged for two weeks when the bowels became constipated, but moved readily by enema, and shortly thereafter the urine was a little difficult to pass, and in a few days it was necessary to catheterize the bladder, indicating paralysis of the detrusor urinae. The urine, however, was normal, qualitatively and quantitatively, examinations having been made daily, showing no kidney involvement. The condition remained unchanged for a fortnight, when motor power of the left limb also became impaired, and in a course of a week was as useless as the right. The bowel movements now became involuntary, the bladder condition remaining the same, catheterizing still being necessary—the procedure was performed as hitherto with extreme attention to asepsis. At this time, in spite of the fact that absolute cleanliness was exercised, a bed-sore developed on the buttocks, not unusual in this disease, though likely of not much moment to the patient, as he was obvious to pain in this unfortunate condition. Instead of fever in the very beginning of this disease, as is the rule, the patient now became feverish, the temperature varying from 99° F. in the morning, to 105° F. in the afternoon, and instead of retention, some incontinence was now a troublesome feature, showing involvement of the sphincter vesicae, with flexor contractions in the right limb only and some girdle pains. The bed-sore now in spite of perfect cleanliness and antiseptic applications, developed rapidly, became gangrenous and horribly offensive, causing a septic condition, chills and high temperature resulting.

To condense a long story, the patient died September 17th, after an illness of two and one-half months. From the history of the case, we are justified to infer that an em-

bolus was the cause of his malady. But whence the embolus? One treating this class of cases meets with many perplexing problems. We as physicians must be judged by the extent of our knowledge, and not by the extent of our cures. In this class of cases it is the investigator, not the healer that is to be appreciated, as in many of them we know from the outset that they are incurable, because central tissue has been destroyed, which can never be regenerated. In advanced incurable cases, combative and palliative measures seem necessary for humanitarian reasons. The therapeutic efficiency of drugs in the treatment of myelitis is certainly not well established, few if any, medicines, being of very much value.

The most that our therapeutic endeavors may hope for in many cases, after the disease is fully developed, is relief from suffering, and by it delay in the end.

In treating morbid action, it is the aim of the physician, if possible, to remove the cause, but before removing it, we must know it. I am of the opinion that we know very little of the causes of many spinal affections, unless it be syphilis, especially myelitis. Something exists in the individual prior to, which proposes the disease and must be the fundamental factor in the cause, and while the usual and supposed causes are of some importance as etiological factors, they are not the primary cause. During the past three or four years, I have met with more than my pro rata of the various types of spinal disorders, which had been the "rounds," when comfort to the patient was all that could be promised, and even that was difficult to establish in some cases. The case of transverse myelitis seemed but little impressed by remedies. Gelsemium, and later sodium iodid seemed to hold in check the disease and make him comfortable for a while. Cuprum, cicuta, and stramonium are helpful for the spasmodic condition of the muscles. Lathyrus has been a disappointment to me for this special symptom. Perhaps I saw the cases too late to make an impression as degenerative changes had gone too far.

Sclerosis—likely a result of myelitis, and not a primary disease—must be treated symptomatically, for which many remedies have been recommended and could be considered, but it is impossible to detail their usefulness for the condition here, as the length of the paper is already beyond the time limit, and I am anxious to leave ample time for discussion, which is likely to be of more value than the paper.

NEPHRITIS IN CHILDREN.

Howard H. Webster, M. D., Dayton.

Perhaps at no time in the life of a human being should we, as physicians, be more on the alert for disease of the kidneys, than in the child; for it is in this decade that this grave malady comes on so suddenly, and assumes such alarming proportions before we are aware of it; and again, at no time of life are we so well rewarded for our efforts, as in the treatment of nephritis in infancy and early childhood. Perhaps it is in this period only, that a cure can be hoped for, if a cure is ever to be brought about.

Nephritis in children is a condition that is not so commonly met with as some other diseases of childhood, and for this reason, is very often not thought of, in making a diagnosis, or overlooked until it is too late, or until the disease is well advanced; and again it is rather difficult to always obtain a specimen of urine for a routine examination as we all would surely do in an adult.

Until recent years, nephritis in children was not considered common, but a host of later day investigators have shown us conclusively that it is rather prevalent, especially following the acute infectious diseases; doubtless many have existed and recovered without our having been aware of it.

When a child is brought to us looking pale and anemic, possibly a little puffiness around the eyes, headache, poor appetite, general lassitude, and does not care to play, a diagnosis should not be made until the urine has been carefully examined, both chemically and microscopically; if there is a history of recent acute infectious disease, the chances are you will discover a diseased condition of the kidneys, for it is after this class of ailments that a nephritis is usually found.

A classification of the various types of kidney inflammation is a difficult matter, and I have adopted the one that to me seems the most simple and yet comprehensive.

Acute congestion: In this condition we find all the blood vessels distended, with the escape of serum and red blood corpuscles by diapedesis; may result from traumatism, certain poisons, any acute infectious disease and cold; the urine is scanty of high specific gravity, contains albumin, red blood corpuscles and blood casts; it may be only a temporary condition, passing off in a few days, or it may exist as the first stage of acute nephritis; usually there are no symptoms except those found in urine, but the patient may have headache, pain in back, and some general indisposition. Treatment, free catharsis, hot baths, counter irritation over the kidneys by means of hot poultices or dry cups. Remedies to be thought of: Aconite, apis, arsenicum album, belladonna, cantharis, cuprum arsenicum, mercurius corrosivus, terebinthina.

Chronic congestion: Results from interference with return flow of blood, caused by malformation, valvular heart disease, chronic pleurisy, chronic broncho-pneumonia, also pressure of any abdominal tumor on the inferior vena cava or renal veins; the kidney is enlarged, all capillary vessels swollen and distended; in addition to symptoms of the acute variety have scanty urine, high specific gravity, albumin and casts generally present but not constant.

Treatment should be directed toward the primary condition and in addition increase the flow of urine by alkaline

diuretics; the same remedies are to be thought of as in the acute variety.

Acute degeneration: Principal change is in the tubular epithelium, very common, both in infancy and childhood, being found in a large percentage of autopsies on patients dying from acute infectious diseases; most marked in cases of scarlet fever, diphtheria and lobar pneumonia; may be found in any disease characterized by a prolonged high temperature, and explains the cases of so-called febrile albuminuria; the cause is in all probability due to the direct action of toxins on the epithelium; the kidneys are slightly enlarged, which gives rise to the appearance generally spoken of as "cloudy swelling"; gives rise to no symptoms in addition to original disease except appearance of moderate albumin, a few hyaline, granular and epithelial casts; it cannot be said that this condition adds much seriousness to the original disease; in cases that recover the kidney lesion entirely clears up; the development of symptoms of degeneration of the kidneys in infectious diseases calls for no special additional treatment beyond the continuance of a liquid diet.

Acute diffuse nephritis: Synonyms, acute exudative, acute glomerulo, acute Brights; occurs apparently as primary disease in both infants and older children; most are of an infectious origin, but the point of entrance is difficult to determine; it is frequently secondary to the acute infectious diseases, especially scarlet fever and diphtheria, occasionally follows measles, varicella, empyema, pneumonia, typhoid fever, acute diarrheal diseases, influenza, malaria and meningitis; the exciting cause is the irritation from toxins, and usually in addition there are carried through the circulation pathogenic organisms; thus in post scarletinal nephritis we have the streptococcus in addition to toxins as a causative factor; all or part of kidney structures may be involved, and depending on the location, we have parenchymatous or degenerative, hemorrhagic, exudative, productive or interstitial.

Symptoms: Primary form in infants not common, symptoms are obscure and frequently overlooked, inflammation generally of the exudative type; onset abrupt, high fever, vomiting, dropsy rare, and rarely uremia; anemia and nervous phenomena are prominent; albumin and casts appear later in the disease, rarely scanty until the last; severe cases frequently fatal.

The primary form in older children is rare: onset less abrupt, febrile symptoms less marked and termination less fatal; dropsy is rare, the quantity is slightly diminished, there may be a trace of albumin, a few casts, uremia is infrequent, and prognosis better than in young infants.

The interstitial type may begin abruptly with febrile symptoms, dropsy, headache, lumbar pains, scanty urine and vomiting.

The secondary form of acute infectious diseases usually occurs at the height of the febrile symptoms and the severity is generally proportionate to the intensity of the infection; general symptoms of nephritis are not marked and dropsy is rare, so that unless the urine has been examined it may be overlooked; the urinary changes are the same as in the primary form; suppression of urine and uremia are not common; the nephritis adds to the danger of the infection but seldom causes death, although it may in scarlet fever and diphtheria; the onset is gradual, dropsy is observed first, or it may begin abruptly without dropsy, but with headache, vomiting, scanty urine, fever and convulsions; as the disease goes on, anemia develops, urine is diminished, or may be suppressed; albumin is marked, urea low, casts are numerous, red blood corpuscles, leucocytes and epithelial cells are present; in serious cases, uremia usually is manifested by vomiting, restlessness or apathy and often diarrhea; less frequently they have headache, dim vision and stupor, developing into coma or convulsions; if the secretion of urine is re-established and nervous symptoms abate, the patient may recover.

Prognosis: You must consider the danger greatest during acute stage and the danger of chronic nephritis; the majority of cases recover; the quantity, specific gravity and casts are a better guide than albumin; the existence of severe nervous symptoms adds much to the gravity of the case; all cases apparently cured must be carefully watched for a number of years, particularly those occurring after scarlet fever and diphtheria.

Treatment: Elimination through skin and bowels should be increased, urine should be rendered as little irritating as possible by largely increasing the quantity, frequent sponging, warm baths, saline catharsis, liquid diet and rest in bed.

Remedies: Aconite, belladonna, arsenicum, apis, cantharis, cuprum arsenicum, hepar, lachesis, mercurius corrosivus, rhus toxicodendron, and terebinthina.

Chronic nephritis: Not common in children, almost unknown in infants; two varieties: 1. Chronic diffuse of parenchymatous or degenerative type; 2. Chronic diffuse of interstitial or productive type.

Chronic Parenchymatous: Etiology: Sequel of acute nephritis of scarlet fever, also occurs along with suppuration of chronic bone or joint diseases, where it may be chronic from the beginning; the only other important causes in early life are hereditary syphilis, alcoholism, chronic tuberculosis and valvular heart disease; nearly all occur in children over five years of age.

Lesions: Same as in later life, i. e., large white kidney or large red kidney.

Symptoms: May be chronic from outset or follow an acute attack from which the patient is supposed to have been cured; as a rule dropsy is variable, uremia occurs later on and is marked, digestive disturbances are numerous, nervous symptoms are present, albumin and casts vary in amount; the spleen and liver may enlarge; duration depends much upon surroundings and treatment.

Chronic Interstitial: Rare, probably due to syphilis and alcoholism, early symptoms are few; it develops insidiously, albumin often is absent, casts are few, dropsy is rare and never marked; nervous symptoms are prominent; there is high arterial tension and enlargement of the left ventricle; such patients die from uremia and often are overlooked until uremia develops.

Treatment : Same as in adults; if possible warm dry climate in winter; avoid exposure, moderate exercise, and regulations in diet.

Remedies: Apis, arsenicum, aurum muriaticum, cantharis, mercurius corrosivus, plumbum, cuprum arsenicum veratrum viride, glonoin.

My object in writing on this subject was not to tire you with a lengthy paper, complex classifications and a long list of symptoms; but to proclaim to this society, another physician's testimony to the efficacy of the homeopathic remedy, in a class of diseases that I believe are handled with better results by the Homeopath than by our brethern of the dominant school.

SOME SHEET ANCHOR REMEDIES IN CHILDREN'S DISEASES.

W. J. Blackburn, M. D., Dayton.

We are sometimes prone to give the greater part of the programs at our Medical Societies to various subjects outside of materia medica. And yet materia medica is the bulwark of our school. Were it not for our system of therapeutics, we would not be meeting here today as The Homeopathic Medical Society of Ohio. The young homeopathic physician in a new location can find no surer and quicker way of establishing the nucleus of a future lucrative practice than by making a hit in treating the various childrens' diseases. The manner in which our remedies are prepared—their pleasant taste, etc., appeals at once to the children.

If the remedy used is effective, it also wins the parent for you have combined pleasantness with results.

The remedies to which I shall call your attention in this paper are not new to you. No doubt all of you have used them many times. And yet, perhaps, some of you may have gone after strange Gods in an effort to make yourself believe you must use something "new" in order to be "up to date." Remember, however, people are looking for results. They want you to cure their sick friends or loved ones. If you do this, you will be considered "up to date." If you fail, you will not be so considered, no matter what new fangled method you may use.

I believe the properly selected homeopathic remedy will cure. It's up to us to be able to select it.

If you were making up a list of remedies to be used in treating children, perhaps one of the first ones to enter your mind would be chamomilla. In fact, it would be hard to successfully practice among the little ones without this drug. The potency does not matter so much, just so it is not too low—say not below the sixth. I believe I heard Dr. Walton say, when I was in college, that he had bought a small bottle of chamomilla 6th when he began practicing, and that it had been replenished with alcohol only when the contents became low until now he was unable to tell the potency, but that it still continued to bring the desired results. Chamomilla brings to mind the sensitive child. There is a peculiar excitability about the nervous system characterized by an intense and morbid susceptibility to pain. The pain seems out of all proportion to the cause. This is because of the hypersensitiveness of the nervous system. The patient is cross, irritable, don't want to be touched or looked at—wants to be entertained or carried first by the father, then the mother or nurse. There must constantly be something done for the chamomilla child. It is a remedy frequently indicated during the teething period. The cutting of teeth seems to have put the child's nerves "on edge." He may bite, kick, scream or yell, or he may

whine. He wants everything but accepts nothing. Starts during sleep, muscles twitch. One cheek red, other pale. A peculiarity of chamomilla is, it usually affects one side. The abdomen is much distended, due to fermentation. The colic is intense; stools of white mucus, or like chopped eggs or spinach, with an odor of last year's eggs. There is an intolerance of pain. Aggravation from warmth and at night. Chamomilla, if prescribed upon its proper indication, will seldom disappoint you, and will usually make you a friend of the family because you cured their baby when it was "awful sick."

Some night the parents are awakened by a sound that is more startling than the firebell. Everybody is excited. What is the matter?—Burglars in the house? No, Jimmy has the croup—get the doctor, quick. Perhaps they can't get the family doctor and they call in that young homeopath who has recently located in the neighborhood. He goes. Four remedies will usually be sufficient for him to select from, aconite, spongia, ipecac or hepar sulphur. If it should be membranous croup, kali bichromicum or anti-toxin. But the case of ordinary croup will be relieved quickly with one of the four remedies first mentioned. Antimonium tartaricum is another remedy which may be indicated. I have seldom been disappointed in promptly relieving croup with the remedies above mentioned. Some time ago, a physician of the dominant school said to me—"Do you know Doctor, I have 'discovered' a new remedy for croup? Recently I had a case to which I wanted to give ipecac to make the child vomit, but found only a few drops in my case vial. I put the amount in one-half glass of water and gave teaspoonful doses at short intervals, and to my surprise the child was promptly relieved." "Well," I said, "I am glad you have 'arrived.' You have been a long time on the way, but thank God you are here. The homeopaths made this same discovery 100 years ago and have been reaping the benefits ever since."

Summer diarrheas in children are often a source of much worry to the Doctor. Especially if they assume the more serious type as cholera infantum, etc. I believe the homeopath is better fitted to treat these cases than the dominant school, and is not liable to do harm, for oftentimes much harm is done by the use of opiates in the treatment of this trouble.

In reading a medical book recently, written by a prominent allopathic physician, I ran across this statement which I quote. Speaking of the treatment of summer complaint in children he said—"Our homeopathic brethren treat these cases successfully even after failure of the approved antiseptic methods, by the employment of *calcareo carbonica*, a complete cure being often effected in 24 to 48 hours. Of course, he needs to learn that there are many other remedies besides *calcareo carbonica*, such as *belladonna*, *mercurius*, *ipsecac*, *pulsatilla*, *arsenicum*, *magnesium carbonicum*, *magnesium phosphoricum*, *chamomilla* and others. In the treatment of cholera infantum, we should bear in mind remedies that affect the brain and nervous centers rather than gastro-intestinal canal alone. As *belladonna*, *gelsemium*, *veratrum album*, *helleborus*, *arsenicum*, *phosphorus*, etc., and occasionally *aethusia*, *elaterium*, *podophyllum*, *croton tiglium*, etc. The above list will usually be sufficient from which to choose.

In pneumonia of children, the homeopath is again well equipped. This most serious ailment which prominent authors in the regular school say is self limited and that medication is useless—generally yields nicely to the well selected remedy. Such remedies as *veratrum viride*, *aconite*, *bryonia*, *phosphorus*, *antimonium tartaricum*, *hepar sulphur* and *sanguinaria* will work wonders and save your patient.

In cerebro spinal meningitis. If your case is diagnosed early and the proper remedy given, you will seldom have to resort to the so called "up to date" methods. With *belladonna*, *bryonia* and *gelsemium* in the lead and *cuprum ar-*

senicum, cicuta, helleborus, hyoscyamus and glonoine as reinforcements, the battle should be won so far as internal medication is concerned.

In typhoid fever. Stick close to your homeopathic armamentarium and you'll win in the great majority of cases. Veratrum viride, belladonna, bryonia gelsemium, baptisia, arsenicum, phosphorus, terebinthina, nitric acid, and rhus toxicodendron will see nearly all the cases through.

Diphtheria. You may say give anti-toxin at once. Yes, if you don't and the child dies, you will be severely criticised because you used antiquated remedies. But it don't cure them all either. I am convinced that it is the most overrated remedy used today. I am convinced that many cures of diphtheria are recorded to its credit which were only ordinary cases of tonsillitis. Do I use it? Yes. One is almost compelled to use it—and yet I am not condemning it, for I believe it is one of our best remeides and that it acts on the homeopathic principle, but—it is not indicated in all cases any more that lachesis is indicated in all cases.

Don't forget kali bichromicum, mercurius cyanatus, mercurius protoiodide, iodine, crotales, lachesis, baptisia and arsenicum in these cases. They do cure as well as anti-toxin.

Now brethern, I might go on almost indefinitely speaking of various diseases and the homeopathic remedies indicated most frequently. The chairman of this bureau told me to make my paper short. So I have probably displeased him already.

The remedies I have mentioned are only leading ones. Many others will be called for frequently. But the ones mentioned will usually see your patient safely through his illness.

It has not been the intention to intimate that the remedies herein mentioned are all that are needed to cure the patient. No system of therapeutics will be successful unless combined with proper diet and hygiene, correct nurs-

ing and backed up by a physician who has good common horse sense. This combination will accomplish more for the sick than all the fads and "mushroom" remedies in existence. Am I right?



REGISTER OF ATTENDANCE

- Adams, Dr. E. O., Cleveland.
 Adams, Mrs. E. O., Cleveland.
 Allen, Dr. Alice Gillespie.
 Arndt, Dr. G. D., Mt. Vernon.
 Bailey, Dr. E. Stillman, Chicago, Ill.
 Baldwin, Dr. Wm. M., Newark.
 Baldwin, Mrs. Wm. M., Newark.
 Barbee, Dr. B. I., Columbus.
 Barbee, Mrs. B. I., Columbus.
 Barnhill, Dr. J. W., Napoleon.
 Baxter, E. H., Mt. Vernon.
 Baxter, Dr. H. H., Cleveland.
 Beall, Thos. E., Columbus.
 Beebe, Dr. H. E., Sidney.
 Beebe, Mrs. H. E., Sidney.
 Bishop, Dr. H. D., Cleveland.
 Bissel, Dr. G. R., Columbus.
 Bissel, Mrs. G. R., Columbus.
 Blackburn, Dr. W. J., Dayton.
 Blackford, Dr. Geo., Eldorado.
 Blinn, Dr. J. C., Rushsylvania.
 Blinn, Mrs. J. C., Rushsylvania.
 Bowman, Dr. I. N., Upper Sandusky.
 Brewster, Dr. C. B., Delaware.
 Brewster, Mrs. C. B., Delaware.
 Brooks, Dr. A. A., Orrville.
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 Buchanan, Dr. R. A., Lima.
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 Carpenter, Dr. W. B., Columbus.
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 Cochran, Dr. D. I., Hamilton.
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 Cooke, Dr. Clara E., Portsmouth.
 Cook, Mary L., Portsmouth.
 Cooper, Dr. C. N., Cincinnati.
 Cole, Dr. M. F., Columbus.
 Cowles, Dr. E. C., Cleveland.
 Crecelius, Dr. W. A., Sandusky.
 Cutter, Dr. C. S., Cleveland.
 Danforth, Dr. Josephine M., Cleveland.
 Deeley, Dr. Stanton E., Mt. Vernon.
 Denman, Dr. Ira O., Toledo.
 Dewey, Dr. W. A., Ann Arbor, Mich.
 Dixon, Dr. C. A., Akron.
 Dixon, Dr. W. W., Akron.
 Dixon, Mrs. W. W., Akron.
 Emery, Dr. W. C., Kenton.
 Ensey, Dr. W. Webster, Dayton.
 Ewing, Dr. H. H., Chicago Junction.
 Ferree, Dr. J. A., Dayton.
 Fletcher, Dr. Sara E., Columbus.
 Fishell, Dr. W. J., Findlay.
 Garrison, Dr. J. S., Chillicothe.
 Gault, Dr. W. E., Portsmouth.
 Geiser, Dr. S. R., Cincinnati.
 Gibbs, Dr. F. L., Chillicothe.
 Gillard, Dr. Edwin, Sandusky.
 Gillard, Dr. David, Port Clinton.
 Ginn, Dr. Curtiss, Dayton.
 Groesbeck, Dr. F. B., Steubenville.
 Grosvenor, Dr. F. B., Cincinnati.
 Guy, Dr. H. J., Dayton.
 Harding, Dr. G. T., Marion.
 Held, Dr. W. A., West Unity.
 Henninger, Dr. O. H., Ironton.
 Hetherington, Dr. C. E., Piqua.
 Hier, Dr. Wm. G., Madisonville.
 Hilborn, Dr. R. R., Akron.

- Hodson, Dr. Geo. S., Washington Miles, Mrs. Robert, Columbus C. H.
- Hoyt, Mrs. Chas., Chillicothe.
- Hoyt, Dr. Loy E., Chillicothe.
- Hoyt, Dr. Wm., Hillsboro.
- Hoyt, Mrs. Wm., Hillsboro.
- Horner, Dr. J. Richey, Cleveland.
- Humphrey, Dr. W. A., Toledo.
- Hunt, Dr. Ella G., Cincinnati.
- Hunt, Dr. Harry E., Newark.
- Ireland, Dr. C. L., Columbus.
- Ireland, Mrs. C. L., Columbus.
- Irvin, Dr. Geo., Orrville.
- Irvin, Mrs. Geo., Orrville.
- Jackson, Dr. L. A., Columbus.
- Jackson, Mrs. L. A., Columbus.
- Jend, Dr. Gustav A., Cleveland.
- Jewitt, Dr. E. H., Cleveland.
- Junkermann, Dr. C. F., Columbus.
- Junkermann, Dr. U. Z., Democracy.
- Keiser, Dr. J. G., Columbus.
- Keiser, Dr. R. O., Columbus.
- Keiser, Mrs. R. O., Columbus.
- Kelly, Dr. J. W., Bellville.
- Leathermann, Dr. J. H., Columbus.
- Lehman, Dr. F. F., Sandusky.
- Littell, Dr. H. F., Dayton.
- Lovett, Dr. A. A., Eaton.
- McBride, Dr. J. B., Zanesville.
- McCann, Dr. T. A., Dayton.
- McCleary, Dr. J. R., Cincinnati.
- McClure, Dr. S. D., Newark.
- McNerney, Dr. N. H., Fredericktown.
- Matson, Dr. G. H., Columbus.
- Mansur, Dr. W. B., Dayton.
- Maxwell, Dr. L. K., Toledo.
- Means, Dr. J. W., Troy.
- Meck, Dr. Gertrude K., Cleveland.
- Miller, Dr. G. W., Dayton.
- Miles, Robert, Columbus Grove.
- Mitchell, Dr. J. A., Newark.
- Mohn, Dr. D. L., Ashland.
- Morrow, Dr. J. C., Bellevue.
- Nauman, Dr. Chas., Circleville.
- Nixon, Dr. Isabelle B., Mt. Vernon.
- Nobles, Dr. N. T. B., Cleveland.
- Oglesbee, Dr. E. C., Cedarville.
- Overholt, Dr. C. A., Ada.
- Overholt, Mrs. C. A., Ada.
- Overpeck, Dr. J. W., Hamilton.
- Page, Miss Katherine, Columbus.
- Parker, Dr. J. D., Sandusky.
- Pauley, Dr. C. A., Cincinnati.
- Phillips, Dr. Lincoln, Cincinnati.
- Phillips, Dr. W. H., Cleveland.
- Powell, Dr. Geo. V., Portage.
- Prouty, Dr. H. L., West Unity.
- Reddish, Dr. A. W., Sidney.
- Reed, Dr. R. G., Cincinnati.
- Rether, Dr. C. H., Columbus.
- Rether, Mrs. C. H., Columbus.
- Rowland, Dr. J. E., South Euclid.
- Sawyer, Dr. C. E., Marion.
- Sawyer, Mrs. C. E., Marion.
- Schoefield, L. F., Columbus.
- Schulze, Dr. C. A., Columbus.
- Schulze, Miss, Columbus.
- Schappee, Dr. W. A., Xenia.
- Siemon, Dr. L. E., Cleveland.
- Silbernagel, Dr. C. E., Columbus.
- Silbernagel, Mrs. C. E., Columbus.
- Sink, Dr. H. H., Columbus Grove.
- Sink, Mrs. H. H., Columbus Grove.
- Sink, Dr. O. O., Smithfield.
- Smith, Dr. F. D., Cuyahoga Falls.
- Smith-White, Dr. Florence R., Cardington.
- Somers, Dr. F. W., Cleveland.
- Spencer, Dr. G. W., Cleveland.
- Staples, Dr. H. F., Cleveland.

Stephan, Dr. Otto, Cincinnati.	Webster, Dr. Frank, Dayton.
Stober, Dr. J. P., Lexington.	Webster, Dr. H. H., Dayton.
Stratton, Dr. F. M., Pioneer.	Webster, Dr. Rome, Dayton.
Studebaker, Dr. J. E., Springfield.	Wells, Dr. L. C., Cambridge.
Sullivan, Dr. Clarke, Dayton.	Wiggers, Dr. H. H., Cincinnati.
Teegarten, Dr. William, Columbus.	Wilcox, Dr. DeWitt G., Boston, Mass.
Telford, Dr. H. C., Attica.	Wilcox, Mrs. DeWitt G., Boston, Mass.
Upham, Dr. J. H. J., Columbus.	Williams, Dr. A. D., Huntsburg.
Varney, Dr. J. D., Greenfield.	Wilms, Dr. J. H., Cincinnati.
Varney, Mrs. J. D., Greenfield.	Wilson, Dr. Wm., Akron.
Waite, Dr. H. C., Columbus.	Wine, Dr. J. M., Dayton.
Waite, Mrs. H. C., Columbus.	Wolcott, Dr. R. C., Troy.
Walton, Dr. C. E., Cincinnati.	Wood, Dr. Geo. W., Wilmington.
Warner, Dr. W. M., Middletown.	Woods, Dr. G. W., Columbus.
	Woodworth, Dr. J. B., Cleveland.



CONSTITUTION.

ARTICLE I.

This Society shall be known as the Homeopathic Medical Society of the State of Ohio; and its objects shall be the advancement of the medical science.

ARTICLE II.

Any physician of good moral character, who is a graduate of any legally constituted and reputable medical college, and who subscribes to the doctrine *Similia Similibus Curentur*, may be elected a member of this Society, upon recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting.

ARTICLE III.

Every member shall, upon admission, sign the Constitution and By-Laws and pay the initiation fee.

ARTICLE IV.

Any non-resident physician, or such other person, resident or non-resident, as may be judged worthy from his superior attainments in medicine or collateral branches, may be elected an honorary member by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall not vote and shall not be eligible to office.

ARTICLE V.

The officers of the Society shall consist of a President, two Vice Presidents, a Secretary, Treasurer, and seven Censors, who shall be elected by ballot by a majority of the members present at any annual meeting; and who shall hold office until the adjournment of the annual meeting next after that at which they were elected, and until their successors are chosen and qualified.

ARTICLE VI.

It shall be the duty of the President to preside at all meetings of the Society, to preserve order, to put questions, announce decisions, and to name members of committees not otherwise appointed.

ARTICLE VII.

It shall be the duty of the Vice Presidents in the order of their appointment, to discharge the duties of the President in his absence.

ARTICLE VIII.

It shall be the duty of the Secretary to give notice of the annual and other meetings of the Society, keep a record of the proceedings, conduct its correspondence and have charge of its archives.

ARTICLE IX.

It shall be the duty of the Treasurer to receive all moneys, make all necessary disbursements and report the same at the annual meeting.

ARTICLE X.

It shall be the duty of the Censors to receive all applications for membership, and to receive and report to the Society upon the possession by the candidates of the qualifications required by the Constitution. Three members of the Board of Censors shall constitute a quorum.

ARTICLE XI.

The annual meeting of the Society, at which time its officers shall be elected, shall be held at such place as shall be designated in the By-Laws, on the second Tuesday in May of each year, and such other meetings shall be held as shall be ordered by the By-Laws.

ARTICLE XII.

Nine members of the Society shall constitute a quorum.

ARTICLE XIII.

Any article in this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting, provided that notice of each intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

Section 1. The annual meeting of the Society shall be held at such place as may be determined by a majority of the members at each regular meeting.

Sec. 2. The annual dues shall be three dollars, invariably in advance.

"All physicians licensed by the Ohio Board during the current year, who locate in Ohio, shall upon such licensure, and their declaration as Homeopathic physicians, be automatically made members of the Society, such membership to continue the second year upon the payment of one dollar, the third year two dollars, and thereafter upon the payment of the regular dues of three dollars.

"All new members, not recent graduates, shall be admitted upon payment of one dollar for the first year, two dollars for the second, thereafter upon payment of the regular dues.

"That the Membership Committee is empowered to use their judgment in continuing delinquent members on the active rolls of the Society, when such delinquency is adequately explained, and to remit the dues altogether of such members as may be unable through sickness or misfortune to meet their obligations."

Sec. 3. At each annual meeting committees shall be appointed to report upon such subjects as the Society may designate.

Sec. 4. All communications read before the Society shall become its property; but no paper shall be published as a part of the transactions of the Society without its sanction.

Sec. 5. The regular order of business of each meeting shall be arranged by the President and Secretary.

Sec. 6. All papers presented to the Society may be read by synopsis or in full, not to exceed ten minutes, except the Chairman's, which may be fifteen. Discussions shall be limited to five

minutes to each speaker, and no person shall speak more than twice on the same paper. Each paper shall be offered for discussion immediately after its reading.

Sec. 7. The Committee on Legislation shall consist of seven (7) members, of which the President shall be an ex-officio member. The President shall appoint two (2) members annually to serve a term of three (3) years.

Sec. 8. The President shall appoint the Ohio members of the Inter-state Committee of the American Institute of Homeopathy. One member appointed on this Committee shall be a member of our Committee on Legislation.

Sec. 9. It shall be the duty of the President, at the opening of the annual session of the Society, to appoint two (2) Supervisors of Election. All names of candidates for election as officers of the Society shall be endorsed by at least seven (7) members of the Society and placed in the hands of the Supervisors of Election; and it shall be their duty to publicly post the names of all the candidates in the room where the meetings of the Society are held by five o'clock in the afternoon of the first day of the Society's meeting.

The Supervisors of Election shall furnish printed ballots containing all the names of candidates for office, designating the office for which they are placed in nomination.

The ballot shall be the Australian system of placing an X before the names of the several candidates voted for.

The Supervisors shall hold the election from the hours of eight to ten o'clock a. m., on the second day of the meeting, and at the hour of ten o'clock a. m., they shall proceed to canvass the result of the election, and certify the same to the President, who shall announce the result to the Society.

The candidate receiving the highest number of votes shall be declared elected.

Sec. 10. The Publication Committee shall consist of Secretary, Treasurer and President for the year of which the minutes are recorded. It shall be the duty of the Secretary to record the transactions, and all the proof shall be submitted to the Secretary and Treasurer for their approval.

Sec. 11. The President-elect shall appoint a Committee of five members, whose duty it shall be to arrange all the minor detail business of the meetings of the Society over which he presides, and present it in such order as to interfere the least with the regular bureau work.

Sec. 12. These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

STANDING RESOLUTIONS.

Resolved, That we do not deem it best to issue certificates of qualifications to any person or persons except they be already members of this Society, but would refer all such cases to local, county or congressional district Societies.

Adopted June 9, 1868.

Resolved, That hereafter no paper shall be published with the proceedings of this Society, the substance of which, at least, has not been addressed to the Society.

Adopted May 11, 1870.

Resolved, That all members of the Society who shall remove from the state shall remain members of Society only on payment of dues up to the time of removal, after suitable notice.

Resolved, That all members of the Society, non-residents of the state, shall be exempt from all financial obligations to the Society.

Adopted May 14, 1873.

Resolved, That hereafter when any member becomes in arrears for three years his name shall be stricken from the list of members, after due notice. No member in arrears shall receive a copy of the transactions.

Resolved, That such members may be restored to the list upon payment of arrearage to date of restoration.

Adopted May 12, 1875.

Resolved, That the Secretary and Treasurer of this Society shall not, during incumbency, be required to pay annual dues.

Adopted May 14, 1890.

Resolved, That whenever any assessment is made which any member of this Society believes to be prejudicial to the Society's best interests, such assessment be considered to that individual null and void without any official action of the Society.

Adopted May 11, 1898.

OFFICERS OF THE SOCIETY

SINCE ITS ORGANIZATION, 1864.

1865

President—A. O. Blair, M. D., Cleveland.
First Vice President—E. C. Witherill, M. D., Cincinnati.
Second Vice President—W. Webster, M. D., Dayton.
Third Vice President—A. C. Barlow, M. D., Lancaster.
Secretary—C. Cooper, M. D., Cincinnati.
Treasurer—G. H. Blair, M. D., Columbus.

1866

President—Lewis Barnes, M. D., Delaware.
First Vice President—J. Bosler, M. D., Dayton.
Second Vice President—A. Shepherd, M. D., Glendale.
Secretary—E. P. Penfield, M. D., Bucyrus.
Treasurer—C. C. White, M. D., Columbus.

1867

President—D. H. Beckwith, M. D., Cleveland.
First Vice President—Geo. H. Blair, M. D., Columbus.
Second Vice President—H. S. Barbour, M. D., Galion.
Secretary—W. Webster, M. D., Dayton.
Treasurer—C. C. White, M. D., Columbus.

1868

President—J. Bosler, M. D., Dayton.
First Vice President—G. H. Blair, M. D., Columbus.
Second Vice President—E. C. Beckwith, M. D., Zanesville.
Secretary—A. Shepherd, M. D., Glendale.
Treasurer—C. C. White, M. D., Columbus.

1869

President—W. Webster, M. D., Dayton.
First Vice President—E. L. Flowers, M. D., New Lexington.
Second Vice President—A. Shepherd, M. D., Glendale.
Secretary—T. P. Wilson, M. D., Cleveland.
Treasurer—C. C. White, M. D., Columbus.

1870

President—E. B. Thomas, M. D., Cincinnati.
First Vice President—S. S. Lungren, M. D., Toledo.
Secretary—T. P. Wilson, M. D., Cleveland.
Treasurer—C. C. White, M. D., Columbus.

1871

President—E. C. Beckwith, M. D., Zanesville.
First Vice President—W. Webster, M. D., Dayton.
Second Vice President—Lewis Barnes, M. D., Delaware.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1872

President—T. P. Wilson, M. D., Cleveland.
First Vice President—M. H. Slosson, M. D., Dayton.
Second Vice President—J. M. Parks, M. D., Cleveland.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1873

President—S. S. Lungren, M. D., Toledo.
First Vice President—J. D. Buck, M. D., Cincinnati.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1874

President—J. D. Buck, M. D., Cincinnati.
First Vice President—J. H. Coulter, M. D., Columbus.
Second Vice President—G. J. Jones, M. D., Grafton.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1875

President—J. R. Flowers, M. D., Columbus.
First Vice President—C. C. White, M. D., Columbus.
Second Vice President—W. M. Detweiler, M. D., Findlay.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1876

The following year, 1876, being the Centennial, and the profession being largely occupied with the World's Convention, which met in Philadelphia, no session of the Society was held.

1877

President—W. M. Detweiler, M. D., Findlay.
First Vice President—R. B. Rush, M. D., Salem.
Second Vice President—William Owens, M. D., Cincinnati.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1878

President—J. B. Hunt, M. D., Delaware.
First Vice President—H. H. Baxter, M. D., Cleveland.
Second Vice President—E. P. Gaylord, M. D., Cleveland.
Secretary—A. N. Ballard, M. D., (pro tem), Shelby.
Treasurer—J. C. Sanders, M. D., Cleveland

1879

President—H. H. Baxter, M. D., Cleveland.
First Vice President—E. P. Gaylord, M. D., Toledo.
Second Vice President—William Owens, M. D., Cincinnati.
Secretary—H. M. Logee, M. D., Oxford.
Treasurer—J. C. Sanders, M. D., Cleveland.

1880

President—E. P. Gaylord, M. D., Toledo.
First Vice President—William Owens, M. D., Cincinnati.
Second Vice President—E. Gillard, M. D., Sandusky.
Secretary—J. A. Gann, M. D., Wooster.
Treasurer—J. C. Sanders, M. D., Cleveland.

1881

President—H. M. Logee, M. D., Oxford.
First Vice President—M. H. Parmelee, M. D., Toledo.
Second Vice President—G. W. Moore, M. D., Springfield.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1882

President—William Owens, M. D., Cincinnati.
First Vice President—E. Van Norman, M. D., Springfield.
Second Vice President—C. C. White, M. D., Columbus.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1883

President—C. C. White, M. D., Columbus.
First Vice President—C. E. Walton, M. D., Hamilton.
Second Vice President—W. A. Phillips, M. D., Cleveland.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1884

President—J. C. Sanders, M. D., Cleveland.
First Vice President—J. P. Geppert, M. D., Cincinnati.
Second Vice President—M. P. Hunt, M. D., Delaware.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—William, T. Miller, M. D., Cleveland.

1885

President—R. B. Rush, M. D., Salem.
First Vice President—G. C. McDermott, M. D., Cincinnati.
Second Vice President—E. R. Eggleston, M. D., Mt. Vernon.
Secretary—H. E. Beebe, M. D., Sidney.
Assistant Secretary—S. R. Geiser, M. D., Cincinnati.
Treasurer—William T. Miller, M. D., Cleveland.

1886

President—H. E. Beebe, M. D., Sidney.
First Vice President—A. Claypool, M. D., Toledo.
Second Vice President—O. D. Childs, M. D., Akron.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—H. A. Chase, M. D., Toledo.
Treasurer—William T. Miller, M. D., Cleveland.

1887

President—A. Claypool, M. D., Toledo.
First Vice President—J. W. Clemmer, M. D., Columbus.

Second Vice President—R. N. Warren, M. D., Wooster.
 Secretary—C. E. Walton, M. D., Hamilton.
 Assistant Secretary—C. L. Cleveland, M. D., Cleveland.
 Treasurer—H. Pomeroy, M. D., Cleveland.

1888

President—N. Schneider, M. D., Cleveland.
 First Vice President—E. R. Eggleston, M. D., Mt. Vernon.
 Second Vice President—J. A. Gann, M. D., Wooster.
 Secretary—C. E. Walton, M. D., Hamilton.
 Assistant Secretary—M. P. Hunt, M. D., Cleveland.
 Treasurer—H. Pomeroy, M. D., Cleveland.

1889

President—C. E. Walton, M. D., Hamilton.
 First Vice President—C. L. Cleveland, M. D., Cleveland.
 Second Vice President—Frances G. Derby, M. D., Columbus.
 Secretary—Frank Kraft, M. D., Sylvania.
 Assistant Secretary—C. D. Crank, M. D., Cincinnati.
 Treasurer—H. Pomeroy, M. D., Cleveland.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1890

President—John A. Gann, M. D., Wooster.
 First Vice Pres.—Orpha D. Baldwin, M. D., E. Portland, Ore.
 Second Vice President—C. A. Pauly, M. D., Cincinnati.
 Secretary—Frank Kraft, M. D., Sylvania.
 Assistant Secretary—C. C. True, M. D., Cleveland.
 Treasurer—H. Pomeroy, M. D., Cleveland.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1891

President—E. R. Eggleston, M. D., Cleveland.
 First Vice President—O. A. Palmer, M. D., Warren.
 Second Vice President—O. D. Childs, M. D., Akron.
 Secretary—R. B. House, M. D., Springfield.
 Assistant Secretary—T. G. Barnhill, M. D., Findlay.
 Treasurer—C. D. Ellis, M. D., Cleveland.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1892

President—C. D. Crank, M. D., Cincinnati.
First Vice President—M. H. Parmelee, M. D., Toledo.
Second Vice President—T. G. Barnhill, M. D., Findlay.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—S. R. Geiser, M. D., Cincinnati.
Treasurer—C. D. Ellis, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1893

On account of the World's Fair at Chicago, Ill., in 1893, no meeting of the society was held in Ohio. The officers elected the previous year were therefore retained, and the Homeopathic Medical Society of Ohio attended the sessions of the World's Congress of Homeopathic Physicians and Surgeons, held in Chicago, May 24 to June 3, 1893.

1894

President—M. H. Parmelee, M. D., Toledo.
First Vice President—H. B. Van Norman, M. D., Cleveland.
Second Vice President—S. R. Geiser, M. D., Cincinnati.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—A. C. Roll, M. D., Toledo.
Treasurer—R. B. House, M. D., Springfield.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1895

President—R. B. House, M. D., Springfield.
First Vice President—William Watts, M. D., Toledo.
Second Vice President—W. C. Hastings, M. D., Van Wert.
Secretary—Thomas M. Stewart, M. D., Cincinnati.
Assistant Secretary—Frank Kraft, M. D., Cleveland.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1896

President—W. A. Phillips, M. D., Cleveland.
First Vice President—Thomas M. Stewart, M. D., Cincinnati.
Second Vice President—Emma L. Boice, M. D., Toledo.

Secretary—A. C. Roll, M. D., Toledo.
 Assistant Secretary—J. C. Fahnestock, M. D., Piqua.
 Treasurer—T. T. Church, M. D., Salem.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1897

President—M. P. Hunt, M. D., Columbus.
 First Vice President—W. A. Geohegan, M. D., Cincinnati.
 Second Vice President—J. T. Ellis, M. D., Waynesville
 Secretary—A. C. Roll, M. D., Toledo.
 Assistant Secretary—R. B. Carter, M. D., Akron.
 Treasurer—T. T. Church, M. D., Salem.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1898

President—W. A. Geohegan, M. D., Cincinnati.
 First Vice President—R. B. Johnson, M. D., Ravenna.
 Second Vice President—F. O. Hart, M. D., West Unity.
 Secretary—R. B. Carter, M. D., Akron.
 Assistant Secretary—M. P. Hunt, M. D., Columbus.
 Treasurer—T. T. Church, M. D., Salem.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1899

President—R. B. Carter, M. D., Akron.
 First Vice President—A. W. Reddish, M. D., Sidney.
 Second Vice President—Martha Canfield, M. D., Cleveland.
 Secretary—A. B. Nelles, M. D., Columbus.
 Assistant Secretary—G. D. Grant, M. D., Springfield.
 Treasurer—T. T. Church, M. D., Salem.
 Necrologist—D. H. Beckwith, M. D., Cleveland.

1900

President—C. E. Sawyer, M. D., Marion.
 First Vice President—F. W. Morley, M. D., Sandusky.
 Second Vice President—Laura C. Brickley, M. D., Cincinnati.
 Secretary—A. B. Nelles, M. D., Columbus.
 Assistant Secretary—G. E. Wilder, M. D., Sandusky
 Treasurer—T. T. Church, M. D., Salem.
 Necrologist, D. H. Beckwith, M. D., Cleveland

1901

President—J. W. Means, M. D., Troy.
First Vice President—C. A. Pauly, M. D., Cincinnati.
Second Vice President—L. K. Maxwell, M. D., Toledo.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—C. E. Silbernagel, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1902

On account of the meeting in Cleveland of the American Institute of Homeopathy, no meeting of the State Society was held in 1902. The officers elected the previous year were retained and the members attended the sessions of the Institute in June.

1903

President—Thos. M. Stewart, M. D., Cincinnati.
First Vice President—G. D. Grant, M. D., Springfield.
Second Vice President—J. P. Hershberger, M. D., Lancaster.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—C. E. Silbernagel, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1904

President—W. B. Carpenter, M. D., Columbus.
First Vice President—J. H. Wilson, M. D., Bellefontaine.
Second Vice President—Katherine Kurt, M. D., Akron.
Secretary—C. E. Silbernagel, M. D., Columbus.
Assistant Secretary—M. P. Hunt, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1905

President—J. H. Wilson, M. D., Bellefontaine.
First Vice President—Sara E. Fletcher, M. D., Columbus.
Second Vice President—J. A. Mitchell, M. D., Newark.
Secretary—C. E. Silbernagel, M. D., Columbus.
Assistant Secretary—W. H. Phillips, M. D., Cleveland.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1906

President—Gaius J. Jones, M. D., Cleveland.
First Vice-President—G. D. Arndt, M. D., Mt. Vernon.
Second Vice-President—Clara E. Cooke, M. D., Portsmouth.
Secretary—C. E. Silbernagel, M. D., Columbus.
Assistant Secretary—W. B. Carpenter, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1907

President—L. K. Maxwell, M. D., Toledo.
First Vice-President—J. B. McBride, M. D., Zanesville.
Second Vice-President—Alice Butler, M. D., Cleveland.
Secretary—H. F. Staples, M. D., Cleveland.
Assistant Secretary—Lincoln Phillips, M. D., Cincinnati.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1908

President—J. W. Overpeck, M. D., Hamilton.
First Vice-President—Lester E. Siemon, M. D., Cleveland.
Second Vice-President—C. Hoyt, M. D., Chillicothe.
Secretary—H. F. Staples, M. D., Cleveland.
Assistant Secretary—Frank Webster, M. D., Dayton.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1909

President—L. E. Siemon, M. D., Cleveland.
First Vice-President—W. A. Humphrey, M. D., Toledo.
Second Vice-President—H. F. Staples, M. D., Cleveland.
Secretary—R. O. Keiser, M. D., Columbus.
Assistant Secretary—J. C. Price, M. D., Toledo.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1910.

President—Lincoln Phillips, M. D., Cincinnati.
First Vice President—H. F. Staples, M. D., Cleveland.
Second Vice President—W. W. Ensey, M. D., Dayton.
Secretary—R. O. Keiser, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1911.

President—H. Franklin Staples, M. D., Cleveland.
First Vice President—Charles Hoyt, M. D., Chillicothe.
Second Vice President—D. L. Mohn, M. D., Ashland.
Secretary—R. O. Keiser, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—H. E. Beebe, M. D., Sidney.

1912

President—Charles Hoyt, M. D., Chillicothe.
First Vice President—A. B. Schneider, M. D., Cleveland.
Second Vice President—C. E. Silbernagel, M. D., Columbus.
Secretary—R. O. Keiser, M. D., Columbus.
Assistant Secretary—W. J. Blackburn, M. D., Dayton.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—H. E. Beebe, M. D., Sidney.

1913.

President—W. A. Humphrey, Toledo.
First Vice-President—A. S. Rosenberger, Covington.
Second Vice-President—D. L. Mohn, Ashland.
Secretary—R. O. Keiser, Columbus.
Treasurer—T. T. Church, Salem.
Necrologist—H. E. Beebe, Sidney.

1914.

President—Frank Webster, M. D., Dayton.
First Vice-President—Geo. H. Irvin, M. D., Orrville.
Second Vice-President—Ella G. Hunt, M. D., Cincinnati.
Secretary—R. O. Keiser, M. D., Columbus.
Assistant Secretary—J. G. Keiser, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—H. E. Beebe, M. D., Sidney.

1915.

President—R. O. Keiser, M. D., Columbus.

First Vice President—I. O. Denman, M. D., Toledo.

Second Vice President—Gertrude K. Meck, M. D., Cleveland.

Secretary—J. G. Keiser, M. D., Columbus.

Treasurer—T. T. Church, M. D., Salem.

Necrologist—H. E. Beebe, M. D., Sidney.

ANNUAL MEETINGS.

The Homeopathic Medical Society of the State of Ohio was organized October 13, 1864, at Columbus.

Meetings have been held annually as follows:

1865	Columbus.	1891	Findlay.
1866	Columbus.	1892	Cincinnati.
1867	Cleveland.	1893	No session on account of World's Fair at Chicago.
1868	Columbus.	1894	Toledo.
1869	Cleveland.	1895	Cleveland.
1870	Dayton.	1896	Piqua.
1871	Cincinnati.	1897	Akron.
1872	Toledo.	1898	Columbus.
1873	Columbus.	1899	Springfield.
1874	Springfield.	1900	Sandusky.
1875	Columbus.	1901	Columbus.
1876	No session on account of Centennial at Phil- adelphia.	1902	No session on account of American Institute meeting in Cleveland.
1877	Findlay.	1903	Columbus.
1878	Columbus.	1904	Columbus.
1879	Cleveland.	1905	Cleveland.
1880	Cincinnati.	1906	Columbus.
1881	Toledo.	1907	Cincinnati.
1882	Springfield.	1908	Dayton.
1883	Columbus.	1909	Toledo.
1884	Cleveland.	1910	Cleveland.
1885	Cincinnati.	1911	Columbus.
1886	Toledo.	1912	Dayton.
1887	Cleveland.	1913	Marion.
1888	Delaware.	1914	Columbus.
1889	Cincinnati.		
1890	Cleveland.		

1915 To be held at Toledo.

MEMORIAL RECORD.**Admitted.**

1883 Allen, H. C.
 1887 Baldwin-Bruce, Orpha
 D.
 1864 Barnes, Lewis
 1864 Beckwith, D. H.
 1864 Beckwith, E. C.
 1864 Beckwith, S. R.
 1897 Biggar, G. G.
 1907 Blackford, Harry
 1864 Blair, A. O.
 1871 Brown, B. P.
 1887 Carter, R. B.
 1899 Childs, O. D.
 1864 Clark, F. M.
 1883 Cleveland, C. L.
 1867 Coburn, S. H.
 1864 Cropper, Chas.
 1895 Cummer, R. J.
 1895 Curtis, H. N.
 1867 Curtis, H. W.
 1870 Dake, J. P.
 1898 Dickson, James
 1881 Duncan, T. C.
 1908 Dawson, T. Kirby
 1880 Eaton, M. M.
 1896 Ferris, Charles
 1864 Flowers, F. L.
 1880 Flowers, J. R.
 1877 Gann, J. A.
 1872 Gaylord, E. P.
 1885 Goucher, E. T.
 1871 Haines, J. W.
 1882 Hale, T. T.
 1890 Hall, S. L.
 1908 Hammer, A. J.
 1882 Harris, J. D.
 1886 Hart, F. O.
 1887 Hastings, W. C.
 1897 House, C. E.
 1882 Hoyt, Charles
 1864 Hunt, J. B.
 1881 Hunt, M. P.

Admitted.

1871 Hunt, W. H.
 1900 Hurlburt, J. W.
 1891 Jackson, W. S.
 1873—Jones, Gaius J.
 1906 Jones, G. W.
 1892 Jump, J. C.
 1864 Kinsell, D. R.
 1888 Kraft, Frank
 1895 Kurt, Katherine
 1894 Laronge, L. L.
 1864 Lodge, E. A.
 1877 Logee, H. M.
 1897 Ludlam, R.
 1867 Lungren, S. S.
 1904 Lyons, Matilda, J.
 1905 Marsh, Guy C.
 1880 McDermott, G. C.
 1870 McMahon, W. R.
 1907 Merchant, W. M.
 1882 Miller, J. M.
 1892 Monroe, H. I.
 1872 Moore, G. W.
 1901 Morden, Ralph
 1890 Morley, F. W.
 1868 Morrill, C. F.
 1864 Oesterlin, Chas.
 1864 Olmstead, C. C.
 1882 Outland, W. H.
 1864 Owens, J. B.
 1871 Owens, Wm.
 1885 Owens, Wm., Jr.
 1900 Painter, Charles D.
 1904 Patterson, A. M.
 1904 Peters, Wesley
 1907 Pollock, F. M.
 1884 Pomeroy, H.
 1870 Pulte, J. H.
 1879 Ring, Hamilton
 1889 Rosenberger, A. S.
 1872 Rowsey, W. T.
 1896 Ruhl, H. C.
 1868 Rush, R. B.

1864	Sanders, J. C.	1865	Van Norman, H. B.
1895	Scheble, M. M.	1864	Webster, Wm.
1892	Schneider, J.	1899	Welliver, J. E.
1908	Shaffer, Henry W.	1886	Wells, T. E.
1871	Sutphen, J. T.	1908	Wetzel, Harry E.
1907	Stewart, Consuelo Clark	1877	Whitehead, J. H.
1883	Steingraver, F. C.	1896	Williamson, W. P.
1864	Smith, G. W.	1860	Wilson, T. P.
1865	Schneider, N.	1874	Wright, N. E.
1885	Taylor, F. P.	1897	Yarnell, E. A.

REGISTER OF MEMBERSHIP.**Admitted**

- 1910 Ackley, Rose R., 36 Washington Avenue, Warren.
 1905 Adams, E. O., 1028 Rose Building, Cleveland.
 1911 Adams, Glenn, Southeast Corner Seventh and John
 Streets, Cincinnati.
 1910 Allyn, W. E., Chardon.
 1894 Ames, C. S., Ada.
 1913 Armstrong, Dean K., 841 West Central Street, Toledo.
 1896 Arndt, G. D., Mt. Vernon.
 1900 Baldwin, H. D., 215 Court Street, Elyria.
 1903 Baldwin, Wm. M., Newark.
 1911 Barbee, B. I., 141 East State Street, Columbus.
 1908 Bard, Frank E., 76 Grasmere Street, Cleveland.
 1898 Barnhill, J. W., 117½ W. Washington Street, Napoleon.
 1875 Barnhill, T. G., Findlay.
 1908 Barton-Peeke, Pauline H., 720 Rose Building, Cleveland.
 1912 Basinger, S. F., New London.
 1868 Baxter, H. H., 1021 Prospect Avenue, Cleveland.
 1914 Beach, Wilber E., Gratis.
 1873 Beebe, H. E., Sidney.
 1914 Beggs, Grace E., 4106 Bridge Street, Cleveland.
 1898 Benson-Silber, Martha E., 325 East Federal Street.
 Youngstown.
 1909 Bickerstaph, Thomas, New London.
 1907 Biddinger, A. E., 802 Rose Building, Cleveland.
 1867 Biggar, H. F., 1110 Euclid Avenue, Cleveland.
 1903 Biggar, H. F., Jr., 1110 Euclid Avenue, Cleveland.
 1894 Bishop, H. D., 764 Rose Building, Cleveland.
 1914 Bissell, George R., 350 East State Street, Columbus.
 1906 Blackburn, W. J., 1111 Wayne Avenue, Dayton.
 1912 Blackford, George K., Eldorado.
 1909 Bowman, I. N., Upper Sandusky.
 1906 Bradshaw, C. E., Corning.
 1910 Brady, Adda H., 719 Rose Building, Cleveland.
 1907 Brewster, Charles B., 8 West Winter Street, Delaware.
 1910 Brooks, A. A., North Market Street, Orrville.
 1911 Buchanan, R. A., 309 Opera House Block, Lima.
 1904 Budde, Chas. H., Central Block, Fifth and Jefferson
 Streets, Dayton.
 1909 Bunker, Media A., 3206 Prospect Avenue, Cleveland.

Admitted

- 1910 Burgner, B. R., 758 Rose Building, Cleveland.
1912 Burnham, J. W., 428 East 156th Street, Cleveland.
1905 Butler, Alice, 808 Rose Building, Cleveland.

1910 Caldwell, R. W., 212 Pearl Street, Jackson.
1899 Cameron, G. D., Chagrin Falls.
1877 Canfield, Martha A., 516 Rose Building, Cleveland.
1883 Carpenter, W. B., 102 Buttles Avenue, Columbus.
1908 Case, Rolland A., 1351 East 89th Street N. E., Cleveland.
1908 Cash, Nathan, 69 East Third Street, Uhrichsville.
1912 Catlin, M. M., 419 South Market Street, Canton.
1908 Cauffield, Edwin J., 250 West Market Street, Akron.
1914 Cieslak, Kazimier G., 2297 West Fourteenth Street,
Cleveland.
1911 Chamberlin, Wade K., 132 South Washington Street,
Tiffin.
1914 Chandler, L. L., 9603 Laruder Street, Cleveland.
1903 Cheatham, Elizabeth C., Marion.
1886 Church, T. T., Salem.
1908 Clendon, Clara K., 3704 Prospect Avenue, Cleveland.
1908 Cochran, D. I., Hamilton, R. F. D. No. 10, Millville.
1914 Combs, M. L., 3020 Euclid Heights Boulevard, Cleve-
land.
1894 Conard, C. K., Mt. Vernon.
1903 Cooke, Clara E., 922 Seventh Street, Portsmouth.
1908 Cook, E. P., Granville.
1892 Cook, J. H., New Carlisle.
1912 Cooper, Chas. N., 25-29 Groton Building, Cincinnati.
1907 Countryman, A. M., 3819 Eastern Avenue, Cincinnati.
1877 Crank, C. D., 2405 Auburn Avenue, Cincinnati.
1907 Crecelius, W. A., 114 Huron Avenue, Sandusky.
1905 Cross, W. Curtis, Ashtabula.
1910 Crouch, W. C., 4103 Marvin Avenue, Cleveland.
1910 Cummings, C. W., Atwater.
1911 Cummins, George M., 324 North Third Street, Ham-
ilton.
1914 Curtis, Helen E., Marietta.
1908 Cutter, C. S., 212 Reserve Trust Building, cor. Woodland
and East 55th, Cleveland.

1891 Damon, G. J., Medina.
1908 Danforth, Josephine M., 516 Rose Building, Cleveland.
1907 Dawley, Byron W., 701 Cherry Street, Toledo.
1908 Deeley, Stanton E., 106 South Main Street, Mt. Vernon.
1908 Denman, George A., 421-23 Ohio Building, Toledo.

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Admitted

- 1908 Denman, Ira O., 421-3 Ohio Building, Toledo.
1912 Dixon, C. A., 707 Second National Building, Akron.
1914 Dixon, W. W., 894 East Market Street, Akron.
1914 Doubrava, J. F., 1651 St. Clair Street, Cleveland.
1908 Doan, E. B., West Carrollton.

1906 Egts, John B., Delphos.
1910 Eha, Charles, 2648 Erie Avenue, Cincinnati.
1908 Ellis, C. D., 1730 West 25th Street, Cleveland.
1911 Ely, George T., Utica.
1908 Emery, W. C., Kenton.
1907 Ensey, W. Webster, 405 South Brown Street, Dayton.
1910 Ewing, H. H., Chicago Junction.

1901 Faulder, H. B., Wapakoneta.
1907 Fenneman, Prudence, Hamilton.
1905 Ferree, J. A., 905 Reibold Building, Dayton.
1911 Ferris, C. L., 215 Shuler Avenue, Hamilton.
1914 Fishell, William J., Findlay.
1897 Fletcher, Sara E., 338 East State Street, Columbus.
1868 Fowler, E. H., 5033 Broadway, Cleveland.
1908 Fowler, H. DeM., 5224 Laurel Street, Collinwood.
1905 Frost, Herbert L., 2079 East 36th Street, Cleveland

1914 Garrison, Joseph S., 35 West Second Street, Chillicothe.
1906 Garwood, J. Stokes, North Lewisburg.
1907 Gault, W. E., 733 Second Street, Portsmouth.
1907 Geiser, Charles E., 25 Groton Building, Cincinnati.
1880 Geiser, S. R., Groton Building, Cincinnati.
1889 Geohegan, William A., 3026 Price Avenue, N. E. corner
Price and Hawthorne Avenues, Cincinnati.
1908 Gibbs, F. L., 84 West Second Street, Chillicothe.
1914 Gillard, David, Port Clinton.
1875 Gillard, Edwin, Corner Washington and Decatur, Sandusky.
1899 Ginn, Curtiss, Dayton.
1908 Good, H. Lee, 328 North Third Street, Hamilton.
1881 Grant, George D., Springfield.
1912 Graves, H. R., Kingsville.
1885 Griggs, O. P., 207 Main Street, Ashtabula.
1906 Groesbeck, F. B., Steubenville.
1914 Grosvenor, F. B., 703 Provident Bank Building, Cincinnati.
1907 Guy, Harry J., R. R. No. 8, Dayton.
1912 Hale, G. B., West Liberty.

Admitted

- 1908 Hance, W. C., DeGraff.
1912 Hanlin, S. B., Pomeroy.
1913 Harding, G. T., Marion.
1913 Hatfield, Walter H., 30 E. Seventh Street, Cincinnati.
1913 Hatfield, W. S. 30 East Seventh Street, Cincinnati.
1908 Hawkins, Ellen F., 31 West College Street, Oberlin.
1909 Held, W. A., West Unity.
1914 Henderson, Jno. T., 10009 Madison Avenue, Cleveland.
1910 Henninger, O. H., 283 North 5th Street, Ironton.
1908 Herman, Howard H., Rooms 402-4 U. B. Building,
Dayton.
1906 Herr, Ira J., Corner Summit Street and Fourth Avenue,
Dayton.
1887 Hershberger, J. P., Lancaster.
1903 Hetherington, Clarke E., Piqua.
1914 Heym, Rudolph, Jr., Cleveland City Hospital, Cleve-
land.
1907 Hier, Wm. G., Corner Main and Ward Streets, Madison-
ville, Cincinnati.
1914 Hilborn, Caroline L., Akron.
1909 Hilborn, R. R., Akron.
1898 Hodson, George S., Washington Court House.
1908 Holaday, Elwood, West Elkton.
1913 Horn, Dora L., Bellevue.
1898 Horner, J. Richey, 655 Rose Building, Cleveland.
1910 Hopkins, George W., 437 The Arcade, Cleveland.
1881 House, R. B., 108 East High Street, Springfield.
1914 Houser, Robert, Buffalo Homeopathic Hospital, Buf-
falo, N. Y.
1910 Hoyt, Loy E., 41 South Paint Street, Chillicothe.
1871 Hoyt, William, Hillsboro.
1913 Hoyt, W. M., Hillsboro.
1914 Hulbert, John R., Berg Hill.
1904 Humphrey, W. A., 1211 Nicholas Building, Toledo.
1899 Hunt, Ella Grace, Odd Fellows Temple, Cincinnati.
1908 Hunt, Harry E., Newark.

1908 Ibershoff, Adolph E., 822-4 Rose Building, Cleveland.
1912 Ireland, Chas. L., 1115 North High Street, Columbus.
1907 Irvin, George H., Orrville.

1912 Jackson, L. A., 732 Mt. Vernon Avenue, Columbus.
1914 Jasinski, Ignatius E., 6516 Forman Street, Cleveland.
1908 Jend, Gustav A., 926 East One Hundred and Fifth
Street, Cleveland.

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Admitted

- 1909 Jewitt, E. H., 487 The Arcade, Cleveland.
9103 Junkermann, C. F., 138 East State Street, Columbus.
1914 Junkermann, Ulric Z., Democracy.
- 1911 Kasting, Robert W., 2910 Vine Street, Cincinnati.
1911 Keiser, J. G., 427 East Long Street, Columbus.
1901 Keiser, Romeo O., 427 East Long Street, Columbus.
1906 Kelly, J. W., Bellville.
1908 Kerkow, Paul E., 1112 Russell, Covington, Ky.
1892 Kilgour, P. T., College Hill, Cincinnati.
1907 Kilgour, J. C., Harrison.
1908 Kimmell, Benj. B., 207 Penn Square Building, Cleveland.
1880 Kirk, Ellen M., 411-412 Mercantile Library Building, Cincinnati.
1908 Kittle, Richard, 7104 St. Clair Avenue, Cleveland.
1914 Koontz, E. J., Wadsworth.
- 1908 Laughlin, Thomas L., 531 River Street, Dayton.
1914 Leblieq. Fernand J., 826 Shelby Street, Sandusky.
1903 Lee, Frank C., 617 Rose Building, Cleveland.
1912 Lehman, F. F., 228 Wayne Street, Sandusky.
1910 Littell, H. Frank, 1731 East Fifth Street, Dayton.
1886 Loomis, F. R., Jefferson.
1908 Lovett, A. A., Eaton.
1914 Lyon, Edward L., Akron.
- 1905 McBride, John B., Zanesville.
1906 McBride, Martha Alice, Zanesville.
1896 McCann, T. A., 115 Perry Street, Dayton.
1907 McCleary, J. R., Mercantile Library Building, Cincinnati.
1901 McClure, S. D., 124 West Main Street, Newark.
1907 McCormick, Ida E., 1372 Burdette Avenue, Cincinnati.
1914 McNerney, Neville H., Fredericktown, R. D. No. 4.
1909 McVay, J. H., 225 Michigan Street, Toledo.
1914 Mansur, William B., Miami Valley Hospital, Dayton.
1891 Maxwell, L. K., 1615 Twenty-second Street, Toledo.
1910 Maxwell, W. Frank, 1547 Nicholas Building, Toledo.
1889 Meade, S. J. D., Grand Hotel, Cincinnati.
1896 Means, J. W., Troy.
1911 Meck, Gertrude K., 719 Rose Building, Cleveland.
1908 Mersfelder, F. H., 228 East Third Street, Canal Dover.
1907 Miller, George W., Reibold Building, Dayton.

Admitted

- 1895 Miller, H. T., 229 East High Street, Springfield.
1879 Miller, W. T., 1110 Euclid Avenue, Cleveland.
1914 Minahan, Thomas A., Pittsburgh Homeopathic Hospital, Pittsburgh, Pa.
1896 Mohn, D. L., Ashland.
1907 Moore, C. L., 6933 Detroit Avenue, Cleveland.
1908 Morrison, F. A., 2 Third Street, Uhrichsville.
1910 Morrow, James C., Bellevue.
1914 Motto, Michael P., Florence Building, Superior and East Fifty-fifth Streets, Cleveland.
1885 Munns, C. O., Oxford.

1914 Naumann, Charles, Circleville.
1914 Neiswander, H. A., Pandora.
1914 Nixon, Isabelle B., 403 East Front Street, Mt. Vernon.
1907 Noble, Lyman A., 810 Schofield Building, Cleveland.
1906 Nobles, N. T. B., 1110 Euclid Avenue, Cleveland.

1912 Oglesbee, E. C., Cedarville.
1910 Overholt, C. A., Ada.
1892 Overpeck, J. W., 210 North Third Street, Hamilton.

1898 Pardee, Mark, Franklin.
1906 Parker, Jos. D., 718 Adams Street, Sandusky.
1912 Parker, J. W., 41 West Second Street, London.
1908 Parr, J. D., 220 Putnam Street, Marietta.
1910 Patton, Eliza H., 186 Doan Street, Bratenahl, East Cleveland.
1888 Pauly, C. A., Union Trust Building, Cincinnati.
1895 Peters, Wilson L., Circleville.
1892 Phillips, Lincoln, 2355 Park Avenue, Walnut Hills, Cincinnati.
1879 Phillips, W. A., 723 Schofield Building, Cleveland.
1905 Phillips, W. H., 1018-1020 Rose Building, Cleveland.
1907 Pollock, F. M., 721 East McMillan Street, Walnut Hills, Cincinnati.
1909 Powell, Geo. V., South Main Street, Portage.
1908 Prentiss, J. B., 212 North Fifth Street, Steubenville.
1914 Prouty, H. L., West Unity.
1912 Prugh, Merrill D., 1121 North Main Street, Dayton.
1907 Pryor, L. R., Eaton.
1896 Pulford, William Henry, Delaware.
1905 Pyle, H. W., 5 West College Street, Oberlin.

1885 Quay, George H., 818 Rose Building, Cleveland.
1910 Quilliams, F. F., 12104 Euclid Avenue, Cleveland.

Admitted

- 1883 Reddish, A. W., Sidney.
- 1892 Reed, R. G., 712 Provident Building, Cincinnati.
- 1910 Reilly, Wm. F., 12 W. Seventh Street, Cincinnati.
- 1908 Rhonehouse, George W., Maumee.
- 1910 Roasberry, M. E., New London.
- 1900 Roasberry, W. H., 309-310 Myers Building, Ashland.
- 1892 Robinson, Emily, 2046 East 102nd Street, Cleveland.
- 1912 Rounds, F. C., 2804 East Third Street, Dayton.
- 1908 Rowland, J. E., South Euclid.
- 1895 Rust, Carl, 862 Rose Building, Cleveland.

- 1911 Salisbury, George S., Rose Building, Cleveland.
- 1883 Sawyer, C. E., 265 and 267 South Main Street, Marion.
- 1914 Sawyer, Wilbur J., Rose Building, Cleveland.
- 1908 Schell, Hugh D., 110 North Third Street, Hamilton.
- 1907 Schell, S. M., 110 North Third Street, Hamilton.
- 1914 Schenkelberger, Frederick P., Collins State Hospital, Gowanda, N. Y.
- 1895 Schneider, Adolph B., 1005 Rose Building, Cleveland.
- 1908 Schneider, Edgar B., 4615 Main, Norwood.
- 1908 Schneider, J. Homer, 2013 West 25th Street, Cleveland.
- 1898 Schulze, C. A., 49 East Main Street, Columbus.
- 1905 Seidel, A. N., 8109 Woodland Avenue, Cleveland.
- 1912 Shawen, Chas. E., 201-202 Reibold Building, Dayton.
- 1905 Siemon, Lester E., 2174 East Forty-ninth Street, Cleveland.
- 1910 Sink, H. H., Columbus Grove.
- 1911 Sink, O. O., Smithfield.
- 1898 Silbernagel, C. E., 15 West Goodale Street, Columbus.
- 1905 Smith, Floyd D., Cuyahoga Falls.
- 1907 Smith, Wm. H., Mercantile Library Building, Cincinnati.
- 1892 Smith-White, Florence R., Cardington.
- 1892 Snow, Henry, 4296 Ashland Avenue, Norwood, Cincinnati.
- 1905 Somers, F. W., 7412 Lorain Avenue, Cleveland.
- 1897 Spencer, G. W., 830 Rose Building, Cleveland.
- 1907 Stansbury, F. R., 3776 Isabella Street, Hyde Park, Cincinnati.
- 1905 Stansbury, Nina J., 15 Coventry Road, Cleveland.
- 1905 Staples, H. F., 1020 Rose Building, Cleveland.
- 1908 Steiner, J. S., Bluffton.
- 1910 Stepfield, A. E., Doylestown.
- 1907 Stephan, Otto, 4226 Hamilton Avenue, Cincinnati.
- 1884 Stephens, J. A., 1110 Euclid Avenue, Cleveland.

Admitted

- 1906 Stober, J. P., Lexington.
1909 Stratton, F. M., Pioneer.
1911 Stratton, John C., 204 East Third Street, Middletown.
1908 Strong, Charles H., 2333 Robinwood Street, Toledo.
1912 Studebaker, J. E., Springfield.
1914 Sturges, Gertrude E., Buffalo Homeopathic Hospital,
Buffalo, N. Y.
1908 Sullivan, Clarke, 117 Van Buren Street, Dayton.
1908 Summers, Daniel V., 41 East Whitney Avenue, Shelby.
1910 Taylor, H. Landon, 691 East 105th Street, Cleveland.
1905 Teed-Cramton, Isa, Burton.
1908 Telford, Henry C., Attica.
1905 Thomas, Chas. B., 2379 East 79th Street, Cleveland.
1914 Thompson, H. S., 738 Schofield Building, Cleveland.
1908 Thornburg, R. W., 371 Spitzer Building, Toledo.
1909 Thurston, C. M., 322 Lennox Building, Cleveland.
1908 Tillotson, Loyal H., 153 South State Street, Painesville.
1914 Truesdall, C. R., 319 Birchard Avenue, Fremont.
1914 Turner, Clarence A., Columbus Grove.
1894 Turrill, George E., 308 Euclid Avenue, Cleveland.
1914 Van Epp, O. B., Port Clinton.
1907 Van Gorden, Sarah, 549 West Seventh Street, Cincinnati.
1908 Varney, J. D., Greenfield.
1911 Waite, H. C., 1272 North High Street, Columbus.
1908 Wallace, C. R., Struthers.
1880 Walton, C. E., Corner Eighth and John Streets, Cincinnati.
1914 Waltz, Claude D., 1617 East Eighty-fifth Street, Cleveland.
1914 Warner, W. M., 221 South Main Street, Middletown.
1910 Warren, R. N., 21 East North Street, Wooster.
1911 Wasson, Clarence C., 124 North Third Street, Hamilton.
1909 Watson, Mabelle S., Ashtabula.
1895 Webster, Frank, 932 Reibold Building, Dayton.
1905 Webster, Howard H., Reibold Building, Dayton.
1912 Webster, Rome M., Dayton.
1905 Weiss, Frieda E., 10510 Grantwood Avenue, Cleveland.
1898 Welch, C. E., Nelsonville.
1912 Welliver, Rupert K., 1914 East Third Street, Dayton.
1910 Wells, Henry L., 717 Wheeling Avenue, Cambridge.
1910 Wells, L. C., 719 Wheeling Avenue, Cambridge.

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Admitted

- 1912 Whitaker, H. O., New Burlington.
1908 White, Mary H., 2057 East 107th Street, Cleveland.
1913 Wiant, C. J., 218 South State Street, Marion.
1907 Wiggers, E. S., 511 Mercantile Library Building, Cincinnati.
1892 Wiggers, H. H., 404-405 Mercantile Library Building, Cincinnati.
1912 Wilkins, G. R., 2017 West 100th Street, Cleveland.
1909 Williams, A. D., Huntsburg.
1912 Williams, W. H., 118 East Third Street, Middletown.
1911 Willoughby, E. O., 122 South Ludlow Street, Dayton.
1907 Wilms, J. H., Kenney Building, 12 West Seventh Street, Cincinnati.
1910 Wingate, Mara L. S., 1835 East Sixty-third Street, Cleveland.
1909 Wilson, William, Savings and Loan Building, Akron.
1907 Wine, Joseph M., 1629 East Fifth Street, Dayton.
1908 Wolcott, R. C., 20 South Cherry Street, Troy.
1876 Wilson, J. H., Bellefontaine.
1912 Wonder, J. D., 717 West Third Street, Dayton.
1914 Wood, G. W., Wilmington.
1898 Woods, G. W., 656 West Broad Street, Columbus.
1894 Wood, James C., 818 Rose Building, Cleveland.

1914 Yamshon, Samuel, 6109 Quincy Avenue, Cleveland.
1894 Zbinden, Christian, 431 Nebraska Avenue, Toledo.
1909 Zimmerman, George, Fremont.

MEMBERS RESIDING IN OTHER STATES.

- 1877 Ballard, A. N., Birmingham, Ala.
1895 Banning, Carina B. C., 1148 Kinnaird Avenue, Fort Wayne, Indiana.
1895 Banning, Edward, Box 343, Jacksonville, Florida.
1908 Beebe, Hugh M., Ann Arbor, Mich.
1888 Brenizer, N. O., Austin, Texas.

1883 Clark, G. E., Stillwater, Minn.
Dudley, Mrs. Maurice.

1892 Fawcett, J. M., cor. Market and Seventh Streets, Wheeling, W. Va.

Admitted

- 1881 Frost, W. A.
- 1898 Gillard, E. E.
- 1905 Gray, E. V., State Hospital, Gowanda, N. Y.
- 1910 Hains, Charles W., Tampa, Florida.
- 1892 Hatch, H. S., Madison, Ind.
- 1890 Hinsdale, W. B., Ann Arbor, Mich.
- 1871 Howard, Elmira Y., Palmyra, Mo.
- 1897 Hughes, C. W.
- 1896 Hunt, J. S., Santa Monica, Cal.
- 1869 Johnson, R. B., Riverside, Cal.
- 1883 King, John C., Banning, Cal.
- 1884 King, Julius, New York City.
- 1910 Mason, Albert E., 922 Buffalo Street, Franklin, Pa.
- 1896 McClure, W. B., East Chattanooga, Tenn.
- 1910 Murray, Elizabeth, 213 Third Street, Niagara Falls, N. Y.
- 1886 Norris, J. C., Augusta, Ky.
- 1888 Porter, Phil.
- 1886 Rorich, F. H.
- 1877 Salisbury, S. S., Los Angeles, Cal.
- 1892 Scheib, J. Phil.
- 1895 Simmons, H. B., Chestertown, Md.
- 1896 Smith, Francis A., Rock Island, Ill.
- 1908 Snow, W. S., Georgetown, Ky.
- 1910 Taylor, Laurence M.
- 1878 Vance, J. W., Madison, Wis.
- 1910 Vessie, Percy, Gowanda, N. Y.
- 1871 Van Norman, E. V., Carnegie Apartments, San Diego, Cal.
- 1872 Walter, Z. D.
- 1908 Waltz, Alvan L., Marlow, Oklahoma.
- 1896 Wine, J. Wilford, 298 Webster Avenue, Chicago, Ill.
- 1913 Bailey, B. F., Lincoln, Neb.

HONORARY MEMBERS.

- 1866 Buck, J. D., 605 Traction Building, Cincinnati.
- 1877 Claypool, Albert, 2217 Fulton Street, Toledo.
- 1898 Dewey, W. A., Ann Arbor, Mich.
- 1882 Graybill, J. D., 1317 Napoleon Avenue, New Orleans, La.
- 1907 Halbert, Homer V., Marshall Field Annex, 31 Washington Street, Chicago, Ill.
- 1889 Monroe, A. L., Miami, Fla.
- 1889 Pratt, E. H., 100 State Street, Chicago, Ill.
- 1913 Roberts, Geo. W., 170 West Fifty-ninth Street, New York City.
- 1907 Stevens, R. H., 6 Adams Avenue, West, Detroit, Mich.
- 1907 Wilcox, DeWitt G., 419 Boylston Street, Boston, Mass.

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